



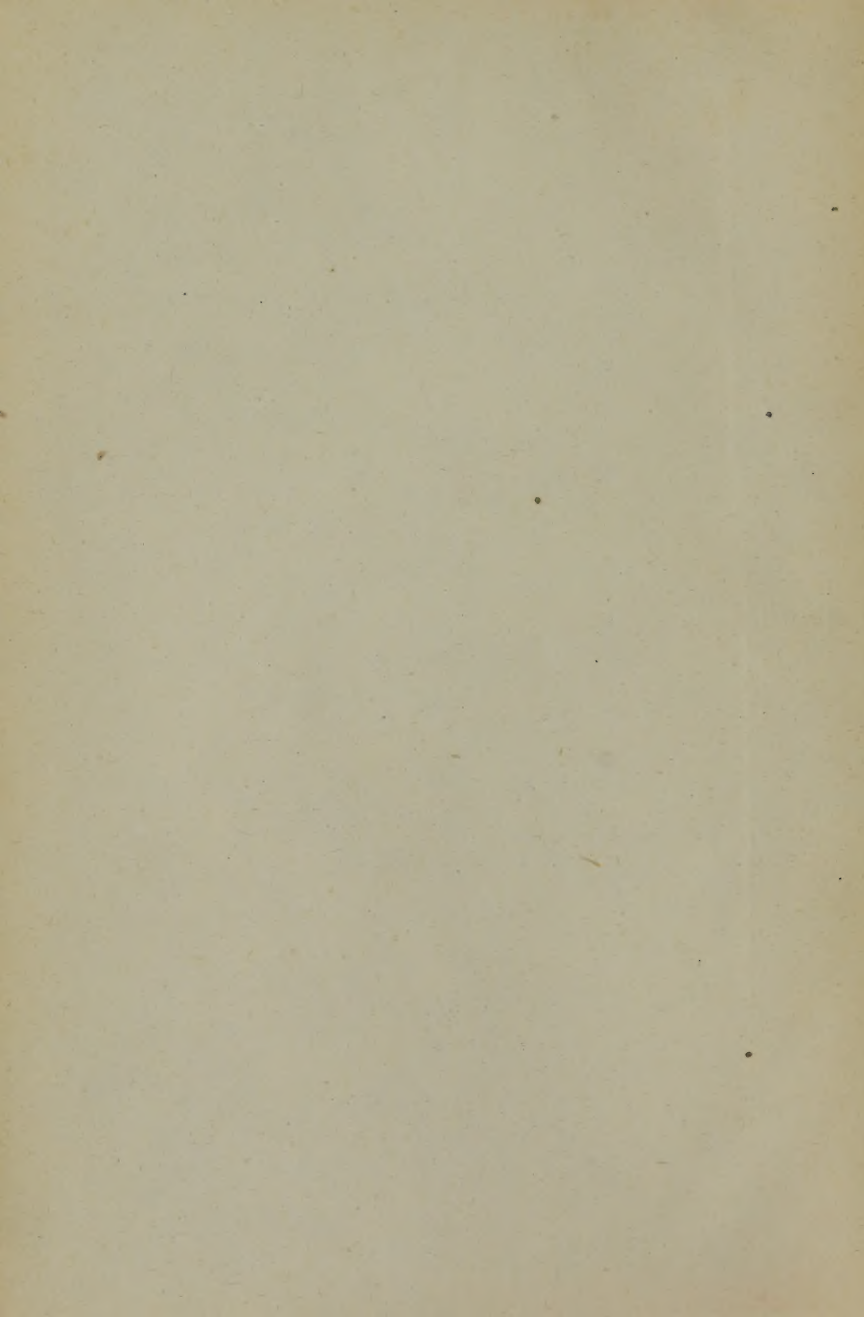
THE NURSE,
OR
Hints on the Care of the Sick.

C. T. HARRIS, A. M., M. D.



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THE NURSE.

THE NURSE;

OR,

HINTS ON THE CARE OF THE SICK:

INCLUDING MOTHERS AND INFANTS,

AND A

DIGEST OF DOMESTIC MEDICINE.

BY

CHARLES T. HARRIS, A.M., M.D.

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TO

PROFESSIONAL NURSES

AND

MOTHERS, THE NATURAL NURSES,

THIS VOLUME

IS RESPECTFULLY DEDICATED

BY

THE AUTHOR.

PREFACE.

During a practice of twenty-eight years, I have often seen the necessity for more intelligent, self-sacrificing nurses, and have often met the query: How are such nurses to be obtained?

The physician is called to professional duty; he is asked to recommend a nurse; many, perhaps, have applied for the situation; which one of them is fitted, by suitable training, for the position? One is primed with wise saws and medical maxims, and considers it her happy prerogative to fire them at the physician, whenever he acts independently of her sage counsels. Another is learned in Allopathic lore, and is, perhaps, peculiarly fitted for a position under the supervision of one of that school. She will never act in harmony with a Homœopath, however, and will prove an embarrassing encumbrance if employed. Still another is willing and anxious enough to succeed, but, unfortunately, is not also sensible enough to know that she is wanting in the

necessary knowledge and practice. Consequently, the life of the patient, and the professional reputation of the medical attendant, are often placed in the hands of ignorant and pretentious women. There are hundreds who are capable of becoming good nurses, but without either schools, books, or experience to qualify them, are powerless. Some benevolent minded lady could not more nobly immortalize her name than by the establishment and endowment of a training-school for nurses, which would supply a public want and provide employment for very many needy women who are adapted to the calling.

I have not sought to write for my professional brethren particularly. They need no instruction upon these topics; and yet I should take much pleasure in an assurance that anything I have suggested was of practical value to them. It has been my aim to bear in mind the mother, who is *ex-officio* a nurse in her own little domain, and is often in want of such information as would render the attendance of the doctor unnecessary. I have endeavored, therefore, to make the scope of these pages broad enough to cover the wants of these two classes: the conscientious and ambitious professional

nurse, and the faithful and loving mother. To aid them, this humble work was undertaken. That it may fulfill its mission is my earnest prayer.

To Prof. Samuel A. Jones, M. D., of Ann Arbor, Dean of the Homœopathic College of the University of Michigan, and to Prof. H. C. Allen, M. D., of Detroit, I am deeply indebted for valuable suggestions, kindly made while this little volume was in course of preparation for the press.

THE AUTHOR.

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THE NURSE;

OR,

HINTS ON THE CARE OF THE SICK.

INTRODUCTION.

Few vocations have numbered among their followers persons who have achieved more success under difficulties than the hard-worked, over-tasked nurse. Her duties demand unceasing toil by night and by day, rarely relaxing sufficiently to afford much opportunity for study into the details of her chosen profession. Her storehouse is scantily stocked by personal experience and observation, or by information derivable from physicians under whose supervision she may have served, but whose advice, unfortunately, cannot always be depended upon as conforming to opinions promulgated by other members of the profession. It is to be regretted that physicians do not uniformly agree as to nursing, but exhibit as much divergence in their opinions regard-

ing it, as they do in diagnosis or in prognosis. "When doctors disagree" the nurse cannot resort to authorities to decide between conflicting opinions, as our professional brethren do in diagnosis and in prognosis. Works on nursing are scarce, and medical opinion concerning it is confined to brief and infrequent passages in bulky volumes. Nevertheless there are nurses who have gleaned from these several sources a rich fund of knowledge, that has, in conjunction with much natural tact, raised them to honorable mention and a competency of worldly goods.

The signs of the times indicate that, ere long, there will be text-books on this subject, and schools for the education of professional nurses. Indeed, they are now as great a necessity as are the multitude of medical schools and colleges. What practicing physician has not felt the need of a wise and trusty nurse, with whom to leave directions, when a life was in danger, and calls to duty in other extremities limited his time? Then, indeed, "confidence in an unfaithful one, in time of trouble, is like a broken tooth and a foot out of joint."

CHAPTER I.

THE QUALIFICATIONS OF A NURSE.

It would be difficult to attach too much importance to the necessary qualifications which fit a person for this very important calling. In considering these qualifications, I wish to particularly emphasize the necessity for good health, notwithstanding the often repeated statement, that the uninterruptedly healthy may, and do, lack in sympathy. With poor health the nurse will be unable to discharge the duties required of her, for they are duties of no trivial nature. She will certainly break down under the strain of constant care and irregular sleep, unless sustained by sound health and a good constitution. The necessity for these attributes is not sufficiently exemplified by calling attention to the physical burdens which the watcher at the bedside of the sick must bear.

GOOD JUDGMENT.

More valuable still than unbroken endurance, and depending, in a very great degree, upon a well-established constitution, is that good judgment, that well-balanced mind, that equable and calm temper, which adapt her to the many emergencies incident to her duties. The physician will not always be at hand to assume grave responsibilities, and, in his absence, how

very necessary it is that the nurse should be equal to the critical occasion, so that, with clear thought and firm nerves, she can safely guide her patient into quiet and safety.

The author not long since was sought for, by the husband of a lady in labor; but, professional duty having called him away from his office, he was not readily found. In the absence of the husband the nurse, in whose charge he had left his wife, became needlessly frightened, and fled for help, leaving the patient to suffer the pangs of maternity alone. Upon the husband's return, accompanied by myself she was found to be a mother, with nobody at hand to render her assistance. How much encouragement and comfort the poor woman would have realized from a calm, firm companion! This incident pointedly illustrates the absolute necessity of assurance as a qualification for a successful nurse. She, then, should have age to give her that assurance, and yet not be so old as to make her unable to render prompt assistance. She must possess the quick eye to see, and to anticipate wants. If the patient is obliged to ask for everything he wishes, he will soon lose confidence in his nurse, and feel indisposed to trust her in anything.

SYSTEM AND ORDER.

The nurse must be a good executive officer. So perfect should be her system of order, that the rules which guide her may be apparent to all; so simple should be her arrangements, that her management will impress its individuality upon the assistants, who, in her absence, take her place at the bedside of the invalid. The atten-

tion and treatment which the latter receives, when she is not present, will, often, speak more for her than all the untiring care and ready foresight exhibited in personal efforts. "Order is Heaven's first law," and, hence, is valuable everywhere; but in no place is it more valuable than in the sick room. The time for giving medicines and food should be accurately observed. System is the great *sine qua non* for the nurse. Let there be "a place for everything, and everything in its place." The disorderly nurse, who never knows where to find the necessary appendages of the sick room, and, when she does find them, reveals the fact that they are unfit for use, can never be successful. If the thermometer is mislaid, the commodes uncleaned when needed, the lamps untrimmed, the extra bed clothing scattered about, and the room untidy, she has certainly mistaken her calling, and should forthwith seek a sphere of usefulness in another direction.

Perhaps no single act of the nurse signifies so plainly to the physician that he has a careful, able, and trustworthy assistant, as the habit of taking down his directions in writing. This is an easy matter and at the same time guards against accident. To illustrate, it requires but little time to note: A to be given at 6 A. M. B to be given at 9 A. M., etc., each remedy being labelled accordingly.

Again, the good nurse can demonstrate her worth in yet another way. She will note the effects of each remedy carefully, she will watch for the appearance of any new symptoms, she will be able to tell the physician the rate of the pulse and the condition of the skin

of her patient at the time such symptoms appeared. She will, in short, keep a minute diary of the hourly life of the invalid. If life is important, so are symptoms.

PERSONAL APPEARANCE.

It is much easier to tell what the personal appearance of a nurse should not be, than what it should be. Personal appearance must not be paramount to more weighty considerations. We have seen a plain and ungainly woman in a sick room, whose kindly nature, warm heart, and appreciative knowledge of her vocation inspired the confidence of all about her; whose large soft hands had a magnetic power in them, and whose every touch was at the right time and in just the right place. A nurse should have good health and strong limbs, but she should not be too self-conscious, too stylish, or too "fussy" in her attentions to the sick. Dress is however of considerable importance. It should be neat, plain, and not calculated to attract the attention or disturb the mind of the invalid. Heavy and rustling material should be avoided. The author once entered the room of a sweet old lady, who was very sick and quite helpless from a fall. As her attendant left the room, she said: "O, I do wish she would wear some other dress. The rustling of her sleeves annoy me, and it is distressing when she bathes my head." I believe that too much emphasis can not be placed upon this point. A nurse must never appear "dressed up." Her garb should always be of soft material; either a print, cambric, merino, or linen, with a clean, white apron every morning. The eye of the sufferer resting on such

a figure, moving about the room, and attending to the nameless little wants will be pleased and gratified, and a quiet, restful satisfaction will steal over him. An invalid, within the circle of my acquaintance, once went into spasms at the appearance of an intimate friend who was dressed in silk. After being restored and being soothed she said: "O, dear! it was that dreadful silk dress that made me feel so!"

Those familiar with the vagaries of tired and sick nerves will appreciate the distress of the sufferer, when a luxurious pattern or a peculiar costume, or unusual combinations of color, strike the eye. In the same manner a peculiar phrase, or new word, will load the weak mind with burdens intolerable. I shall not soon forget a personal experience of this nature, when the highly wrought flowers of the wall paper seemed to be transforming themselves into strawberries, and mingling group with group in strange incongruity.

Nervousness can never be cured by scolding. Nothing is gained, on the contrary, much is lost by worrying and fretting. A cheerful countenance and manner will often soothe the patient better than an opiate. There should be no fright exhibited in the voice, and no change from natural tones should be permitted, least of all cultivated. The scared nurse and physician will soon be asked to have counsel, to warn the patient of danger, and to notify his friends. The excitement will extend its influence all through the house, and it will be an unusually fortunate issue if the patient does not become seriously affected by it. "Woe betide the luckless one, when fear shall rule the hour." If you cannot com

mand the situation leave it for those who can. In all communications with the sick and in their hearing a natural tone of voice should be used. *Whispering ought to be prohibited as peremptorily as the loud boisterous conversation and eruptive guffaw.* Part and parcel of the same category is the close *tete a tete* among friends, visitors, and attendants, carried on in the most unnatural, inharmonic notes which the human voice is capable of sounding. Besides aggravating the nervous condition by its peculiarly sibilant sound the whisper denotes concealment, if not fright, and is thoroughly calculated to disturb the sufferer. On the contrary a low and gentle, but, at the same time, full and firm tone will reassure, control, and soothe.

The manner of walking is of great importance. There are persons who can never walk without jarring the whole house, reminding one in their tempestuous transit through a room of Samson and the pillars of the temple of Dagon. Others by dint of much apparent effort, shuffle and drag their feet from place to place to the no small annoyance of perfectly healthy people. What must be the torture they inflict on the invalid! Still others teeter over the floor on their toes, reeling and bobbing in a most ridiculously ungraceful manner, and arousing within the observer a kind of uneasy inclination to help them. Squeaking shoes are an abomination, but little, if any, better than the whisper. Let there be nothing unnatural in the step, unless it be to raise the foot no higher than sufficient to clear the floor, and to set it down again flatly and gently. Nobody can be annoyed by this quiet movement. I have seen a physi-

cian whose weight was nineteen stone, move so unobtrusively in the sick room that nothing but the visual sense indicated his presence. On the other hand I have seen a woman, who would scarcely weigh one hundred pounds move so abruptly and determinedly that her step could be heard three rooms distant. It is largely a matter of carefulness and practice. These may seem little things but they never are such to the invalid.

An exemplary nurse may safely enforce the rules which she herself obeys. She must not yield to the whims of the patient or their friends. They have nullified the doctor's skill, and the nurses' labors, by improprieties in diet and exercise, and have sacrificed many a valuable life. It is best to err, if at all, on the side of safety. The nurse should obey the orders of the attending physician. He has the right to expect implicit conformity to his commands, unless they are given conditionally, or react contrary to his expectations; in which cases they may be partially suspended, until further instructions are received from him. An unauthorized change to other prescriptions, or the substitution of quack nostrums are both intolerable, and must never be done without the approval or discharge, of the attending physician. It is contrary to every principle of fair dealing to make him responsible for quackery, without his knowledge or consent. Where unexpected emergencies, such as sudden aggravation, or the development of new symptoms require a cessation of any particular line of remedies, great circumspection and good judgement are demanded of the attendant.

The desirability of natural and acquired abilities for

this vocation can not, therefore, be too strongly stated. We may confidently look forward to the time when training schools will be efficient aids in prolonging life, and when the art of soothing pain will be elevated to a still higher level among the noble, God-like employments. A qualified and educated profession will demand a better recompense, and merit will meet its deserved reward.

At present nursing is too frequently overdone. More evil arises, undoubtedly, in consequence of the nurse doing too much than in not doing enough. Medicine is a saving power, when properly administered, but overdosing will sometimes increase the severity of the very ailment which the doctors seek to assuage,—and in this respect, is like too much nursing. The attendant when afflicted with this annoying complaint flies about in painful haste; gives the bed clothing an extra tuck, moves a chair or the medicine, hurries back to the invalid, pats his pillows, rushes through a door to stop the talking in an adjoining room, then back to the bedside loaded with interrogation points: “Do you want anything?” “Will you have this?” “Will you have that?” “Shall I give you some gruel?” “Won’t you have some toast?” “*Isn’t* there anything I can do for you?” And the unhappy victim feels half inclined to tell her that there *is* something which he desires her particularly to do, and that is to “get out!” It would be well if there was somebody to say to such “nurses,” as the employer did to his blustering servant, who, after a great amount of fuss, asked, “what shall I fly at next?” “Fly at your hat,” replied the employer, “and go home.”

Such persons can find more lucrative and appreciative employment than attendance at the bedside of those whom they torture with their ill-directed though well-meant, efforts. They fatigue the invalid by inquiries which interrupt rest, when that is the best medicine he can have. There are but few patients who are incapacitated from asking for what they want, when their wishes are not readily anticipated. Let them rest when they will, unless quiet is a symptom of the disease, or sleep fatigues. Then it should be gently broken.

RESPONSIBILITY.

I cannot close this chapter without referring briefly to the great trust for which the nurse is answerable. Her responsibility is second only to that of the physician. Health, happiness, life itself are in her hands. Carelessness, or perversity on her part, may render worthless the physician's best means of healing. I can not reprobate too strongly the dangerous experiments of those nurses, whose overweening vanity sometimes leads them to substitute other means than those prescribed by the attending physician, thereby rendering his own remedies nugatory, and often creating an aggravation, or counteraction, which endangers the life of the patient. It is apt, at the same time, to cast a shadow on the reputed skill of the medical man. No honorable nurse will thus clandestinely, work against her superior. I say clandestinely, because she will not, in any probability, report her interference, and the failure to cure is charged to the physician, who is considered directly responsible for everything that happens to the patient.

To the nurse, then, I would say, be mindful of your honor, your integrity, your character; be watchful, careful, prudent; on you often depends a human life, and, if you have accepted the responsibility, bear it nobly!

CHAPTER II.

THE SICK ROOM.

We plan our houses with the greatest regard for comfort, convenience and elegance, compatible with the amount which we are able to expend for their construction. Our kitchens, our dining rooms, our sitting rooms, our drawing rooms receive due attention and a large proportionate share of our plans and our money than any other portions of the dwelling. And all this is well enough when our bed rooms are not sacrificed in their comfort and cheerfulness by it. The trouble is that we lay much stress upon the necessity of high ceilings, spacious dimensions, and ample light, and good ventilation in the "living rooms" of our dwellings, and give altogether too little consideration to the fact that we pass fully one-third of each day, uninterruptedly, in our bed rooms; and that, too, at a time, and in a condition, when we are not able to relieve ourselves from the possible injuries, inflicted by impure air and restricted quarters.

I call attention now to this great defect in our style of architecture, not so much because I wish to warn of the danger of this course upon the health of the members of the family, but because of its effect upon the sick. These bed rooms are converted, from no higher consideration than that of convenience, into the sick room, whenever a room must be devoted exclusively to

that use. So little do we heed contingencies! The notion is altogether *too* prevalent that that room which will least discommode other members of the family will do for the invalid. It should never obtain, for it is not only supremely selfish but may prove cruel and heartless. On the contrary, the sick room should be the most pleasant and quiet in the house. Its situation and internal arrangements are of paramount importance. The good sense of friends ought to render any such criticisms, as those I have made, needless; and I should be inclined to believe that they did, had not long continued observation impressed me otherwise.

LIGHT.

The room, then, should be so situated that plenty of light,—it is difficult to get too much,—and air will be accessible. Rays of sunshine, especially if they are mellowed by cheering foliage or blooming and scented flower petals, will often be found grateful to the invalid. Of course the light should be apportioned to the condition of the patient, and his disease. In those cases where the retina is morbidly sensitive much prudence must be exercised lest the eyes become overtaxed, or their weakness is aggravated. Where the patient can bear it, however, a sun-bath will often prove the best tonic, and exert a most powerful restorative effect,—especially in diseases of the lungs and chest, and in many chronic complaints. It may be, in some cases, too stimulating, and should be used, in any case, only under the direction of the physician. Artificial light has often proved deleterious, in my experience, particu-

larly when the patient was sleeping. To be on the safe side the lights should be dimmed by means of a screen, or by transfer to an adjoining apartment. Mechanical sciences are being applied so generously now-a-days, to the most practical affairs of life that lamps, manufactured expressly for sick rooms, may be looked for as a probability before long, if, indeed, they have not already been invented. Able physicians and nurses have eagerly contended that there is no such thing as too much light for a sick room, except in ophthalmic diseases; others, just as able, have contended, with equal earnestness, that all light should be excluded. My own inclination is to exclude only so much light as will allow the patient to rest quietly and naturally.

THE ROOM.

A back room with an outlook upon a littered and dreary yard, upon the heterogeneous collection of tools and implements of labor, so common there; upon stained and weather beaten outhouses; and upon nothing but the indications of the moiling, drudging life we are all apt to loathe, are neither soothing, nor comforting, to the weak nerves and the listless, inert body. What though the invalid cannot see them! He knows, in all probability, that there is nothing that is pleasant, and much that is repellant, to be seen from that window; and the feeling exists in him even if the spectacle is not before his eyes. As to the internal arrangements, perhaps no feature is more important than that of proper and thorough ventilation. Of that subject I shall treat in a subsequent chapter; but not less important is the

proper temperature to be maintained, and the desirability of an immaculate cleanness about everything connected with the sick. The apartment itself should not depart, in any great degree, from its usual appearance; but, at the same time, it ought to be made cheerful and inviting. Neatness, plainness, and comfort should ever characterize this consecrated place.

TEMPERATURE.

The room ought to be one that can be heated, whatever the season may be. That is especially necessary in a changeable climate, in order that the temperature may be maintained at an equable and constant degree. This should not be lower than 60 or higher than 70 degrees. Habit may cause patients and attendants to seek a higher rate, but the experience of the best authorities justifies the rate given as the general rule to be observed. It may be remarked by somebody that general rules have exceptions, and that those degrees are not always attainable: That is true. When not absolutely impracticable, however, the temperature should be uniform, from hour to hour, and the heating apparatus should be so arranged as to attain this desirable object. Nothing can be more venturesome for the patient than to have his room extremely warm one hour and cold the next. I would especially caution all nurses against allowing great variations of temperature.

Some diseases may require a lower degree of heat, as small-pox, while others may require a higher. The nurse must be guided in her regulations largely by the directions of the physician, and must not think any of these things too trifling to consult him about.

CLEANLINESS.

Cleanliness must be insisted upon if the nurse has any desire to see her patient convalesce. Were a nurse to ask me what I considered the first requisite of a sick room, I should say: Cleanliness! and the second? *cleanliness!* and the third? CLEANLINESS! *still, and all the time, cleanliness.* I would impress the importance of this attribute upon your minds so thoroughly, that ye may put difference between holy and unholy, and between unclean and clean. “*First*,—The sick room must be clean; *second*,—the bed and bedding must be clean; *third*,—there must be personal cleanliness on the part of both the nurse and the invalid. I shall pay particular attention to the second and third topics further on. In regard to the apartment itself let the attendant remember that soiled garments, uncleansed commodes, unaired and damp clothing, and refuse buckets have no more place in or near the sick room than any other impurities, considered *per se* ten times more gross. All bed room utensils when used should be *immediately* removed from the room, and cleansed *when removed*.”

Florence Nightingale, in her admirable work, entitled “Notes on Nursing,” speaks thus pointedly on this subject: “It cannot be necessary to tell a nurse that she should be clean, or that she should keep her patient clean,—seeing that the greater part of nursing consists in preserving cleanliness. No ventilation can freshen a room or ward where the most scrupulous cleanliness is not observed. Unless the wind be blowing through the windows at the rate of twenty miles an hour, dusty

carpets, dirty wainscots, musty curtains and furniture, will infallibly produce a close smell. . . . But no particle of dust is ever or can ever be removed or really got rid of by the present system of dusting. Dusting in these days means nothing but flapping the dust from one part of the room on to another with doors and windows closed. What you do it for I cannot think. You had much better let the dust alone, if you are not going to take it away altogether. For, from the time a room begins to be a room up to the time when it ceases to be one, no one atom of dust ever actually leaves its precincts. Tidying a room means nothing now but removing a thing from one place, which it has kept clean for itself, on to another and dirtier one. Flapping by way of cleaning is only admissible in the case of pictures, or anything made of paper. The only means I know to *remove* dust, the plague of all lovers of fresh air, is to wipe everything with a damp cloth. And all furniture ought to be so made that it may be wiped with a damp cloth without injury to itself, and so polished that it may be damped without injury to others. To dust, as it is now practiced, truly means to distribute dust more equally over a room. . . . For a sick room a carpet is perhaps the worst expedient which could, by any possibility, have been invented. If you must have a carpet, the only safety is to take it up two or three times a year, instead of once."

ODORS.

Odors and perfume bottles should find no lodgment in the sick-room, and fumigations, except of a mild, non-

medicinal character, should not be resorted to. Good ventilation is worth more than all the fumigatory odors and perfumes ever concocted. The semi-barbarous custom of burning an incense, compounded of medicinal drugs, cannot be too strongly reprobated. It may not only neutralize the medicines in the room, but will, in all probability, render them inert and destroy their adaptability for accomplishing the end sought. The excessive use of chloride of lime falls, it seems to me, under the same prohibition. There is burned coffee also, which, being a very penetrating and pungent antidote of our remedies must be sentenced like the others to perpetual banishment. Dry sand is one of the best deodorizing agents known. Commodes, and other bedroom utensils, cannot be better purified than by it. There should be, at least, a double set of these articles for every sick-room, so that one set can be fully cleansed before it supercedes the other. If it seems necessary at any time to "cover up one stink with another," as a celebrated surgical lecturer once termed it before his class, sugar or the dried parings of sweet apples, scattered upon a shovelful of hot coals will accomplish the object. They will not disinfect the room however.

READING.

Lastly, reading does not belong to the sick-room. The rustling of papers and the reading of books will generally tire and annoy the patient and can be best used during convalescence, but even then with extreme caution. I cannot refrain from closing this chapter with the very just remarks of that noble woman, who

has done so much for mankind by the influence of her personal example and by the heroic self-surrender of herself to the suffering and miserable,— I mean Florence Nightingale, from whose “ Notes ” I have already quoted. She says: “ With regard to reading aloud in the sick-room, my experience is, that when the sick are too ill to read to themselves, they can seldom bear to be read to. Children, eye-patients, and uneducated persons are exceptions, or where there is any mechanical difficulty in reading. People who like to be read to, have generally not much the matter with them; while in fevers, or where there is much irritability of brain, the effort of listening to reading aloud has often brought on delirium. I speak with great diffidence; because there is an almost universal impression that it is *sparing* the sick to read aloud to them. But two things are certain: (1) If there is some matter which *must* be read to a sick person, do it slowly. . . . Very few people know how to read to the sick; very few read aloud as pleasantly even as they speak. In reading they sing, they hesitate, they stammer, they hurry, they mumble; when in speaking they do none of these things. Reading aloud to the sick ought always to be rather slow, and exceedingly distinct, but not mouthing—rather monotonous, but not sing-song—rather loud but not noisy—and, above all, not too long. . . . (2) The extraordinary habit of reading to oneself in a sick-room, and reading aloud to the patient any bits which will amuse him, or more often the reader, is unaccountably thoughtless. What *do* you think the patient is thinking of during your gaps of non-reading?”

CHAPTER III.

QUIETNESS.

That kind of tact which causes the patient to forget unreasonable wants, and leads his mind to think of harmless and pleasant subjects, is a valuable attribute of the nurse, (1.) Every desire of the sick cannot be granted; and yet, (2) they must be kept quiet. It is then the duty of the nurse to reconcile these axiomatic necessities by her practiced observance of them, in such a way as to withdraw the patient's attention from the impossible object of desire and, at the same time, prevent any thought arising in his mind that this will be needlessly crossed or that he is being unnecessarily restrained and hampered. The nurse will find difficulties enough in carrying these ideas into practice,—but it must be done.

There will be occasions in caring for the sick when it will seem as if all ability, all experience, all gentleness, all kindness, all tact are useless to the attendant in her efforts to keep her patient calm and quiet. If she is such an attendant as she ought to be, and as the foregoing pages have told her she must be to be successful, the inspiration of the moment and presence of mind will enable her to surmount all the obstacles which arise. She must not allow her patient to believe that she takes delight in ruling him with tyrannical commands. The moment he comes to believe that, I do not say that that

moment she should withdraw from his bedside, although he may have lost all confidence in her skill and trust in her judgement, and whatever she does may be ineffectual for his good; but I do say that "the latter state of that man will be worse than the first," so long as she is near. I have said that the nurse should not yield to her patient's whims. What I have just said may seem to contradict, in some degree, that statement. It does not. If the reader will consider for a moment he will recognize the distinction to be observed between using gentle and deferential firmness with the invalid, and exercising careless and provocative command. It is needless to reiterate the importance of winning and keeping his confidence and the necessity of soothing and quieting him by skillful management. I do not hesitate, however, to advise the nurse, in those extreme emergencies where, for instance, an intense and morbid appetite calls imperiously for hurtful aliment, and the call cannot be averted or the longing safely satisfied, to say, promptly and firmly, but gently, no! The decision, when made, must be adhered to with the utmost kindness and firmness. If the case should be a peculiarly abnormal one let the physician be immediately summoned.

BEDDING.

Again it will often happen that the patient will be uneasy and restless without any recognizable cause, either in the symptoms of his disease or in the associations and surroundings of his room, for such a condition, in ninety-nine cases out of a hundred, the fault is in the ventilation, or in his bedding. The opinions of those

who have charge of the sick, in regard to the latter, are frequently as erroneous as they are in regard to the location and internal arrangements of the room itself. The nurse should never say, or even so much as believe, she has no responsibility in connection with the sick room—its condition or its furniture. Her responsibility regarding its condition is as great as it is regarding the patient. The bed and bedding will require almost the constant attention of the nurse. I believe, most assuredly, that the management and arrangement of the room and all its furniture are portions of her duty. Perhaps I cannot better impress upon the mind of the reader the importance of a continued and scrutinizing inspection of bed and bedding, than by briefly calling attention to the exudations and excretions of the human body. It has been computed that an adult, in health, exhales from the lungs and by perspiration, three pints of moisture in every twenty-four hours, thus saturating the clothes by day and the bedding by night with refuse material. If this is allowed to remain in the clothing or bedding, it will be reabsorbed as effete matter, and poison the system. In morbid conditions of the body, feverish, inflammatory or almost any other, a much greater mass of impurities passes through the excretory ducts,—to an extent, in fact, surpassing ordinary belief. It is easy to discover the quantity of perspiration thrown off in this manner: A bit of oiled silk, say two inches square, bound upon the arm of the patient, will accumulate the perspiration from the pores directly beneath, and be condensed upon the surface of the silk, where it will form in globules and drop off. When the pores are

closed and perspiration is repressed, worn out and poisonous matter is shut in, and heat accumulates. If natural perspiration be not then restored, or the impurities carried off by profuse urination, or other exudation, local inflammation and fever ensues. This state of affairs cannot long continue, and the poisonous matter so confined will find vent in an abscess, critical perspiration, diarrhœa, critical urine, hæmorrhage, or death; for the body is so organized as to bear but comparatively few changes in its degrees of heat from its normal state.

Now the excretions of the body being much more noxious in sickness than in health, the reader can easily discern the actual *necessity* for greater and more thorough *bed ventilation*. Where it is possible there should be two beds so that the patient may be moved from one to the other. The frequency of these changes varies in different cases from twelve to twenty-four hours. In no case should a patient be allowed to remain in one bed over twenty-four hours. The belief which used to obtain that a parturient patient must keep the same bed and bedding for a certain number of days was simply absurd. The nurse should always be governed in such cases by the recuperative power of her patient and the positive orders of the physician. There are cases, doubtless, where it would be hazardous for the physician to allow the patient to be disturbed; but a change, such as I have spoken of, made under due regulations and with proper care, conduces, invariably to rapid recovery. In hospitals, wards can be so constructed that the alternate bed can be provided. This is also possible in the larger number of those private families where the ser-

VICES of a professional nurse are required. Many patients cannot thus be provided for however, and in such cases a simple cot, or a lounge even, on which the sick can repose for several hours each day, while the bed proper is being aired, may answer the purpose, in the want of anything better. When one bed is occupied the other should be airing. Hot air, if free from moisture, is perhaps the best agent in ventilating the bed and bedding. When the weather will permit, and the ground is dry, it has been recommended to spread the bedding on the earth, thoroughly heating it, however, before again using it for the patient.

BEDS.

Perhaps no portion of the furniture of the sick-room has given rise to so much discussion as the best kind of bed to use for the sick. A hard bed may make the patient uneasy and restless, and, if it is not often stirred and thoroughly cleansed, will prove a fruitful source of disease. On the other hand it may, justly, be queried whether the soft bed, made of feathers, does not create an excess of heat, confining and re-absorbing perspiration, even when well aired. The feather bed is, also, too apt to "trough" in the middle, allowing the occupant but little opportunity for freedom of motion. My own preference is the hair mattress, when it is possible to have it. It is light, elastic, of medium softness, and, best of all, can be well ventilated. In those private houses where the nurse has to care for the sick with just what the house affords, and the hair mattress cannot be had, I should recommend the feather bed as the next

best substitute. Feathers have the merit of being easily moved about, so that heat and air may, to a certain extent, permeate the bed and expel its impurities. If such a bed is used let it be evenly made, and covered with a light quilt before putting on the sheets, in order to keep it in place. Where neither hair mattress nor feather bed is available, I should recommend a clean, well filled straw bed. In many cases of fever, long-continued, I believe, with Dr. Dio Lewis, that such a bed, covered with a heavy quilt, or a light "comforter," and emptied and refilled every ten days until the patient is convalescent, will be found to be of practical benefit to the patient. Under no circumstances should the common cotton mattress be used. I am fully persuaded that nothing in use, among healthy people even is more thoroughly filled with effete matter. The texture of the bed clothing should be woollen, as it better absorbs the moisture of the body than cotton or linen, and being more porous, allows it to escape. For this reason the Rose blankets, when obtainable, are perhaps the best. They are less objectionable, too, on account of their weight, being so light as not to tire the patient.

Our common bedsteads are of about the right attitude, as they raise the patient above the poisonous gases, which, being heavier than common air, invariably fall to the floor. A learned and well-known medical lecturer was accustomed to say that "we often walk ankle deep in poison," in ill-ventilated apartments. The rarified, or worn-out air, rises to the ceiling, and thus harmonizes the old adage that "the path of safety lies midway between extremes." A low bedstead might be more convenient but it is not as healthful.

Again the narrow seems to be better than the wide bedstead. It renders the work of the nurse, in moving and caring for her patient, much less fatiguing. The bed itself should not be shoved into a corner of the room, close against the walls. It should stand out so far from the walls as to allow the nurse and attendants to pass entirely around the patient. If any portion of the bedstead must touch the wall, let it be the head-board; but it would be far better if it was placed in the middle of the room. That position would contribute to greater ease in handling the patient and would also allow the air to pass on all sides of him. Valances and curtains should be relegated to the rooms of those splendidly healthy people who are audacious enough to take risks. The sick room is no place for them. What we want there is air, *air*, AIR,—around, and under, and over the bed.

CHANGES.

Not less important than the frequent changes and thorough cleansing of bed and bedding is that of the patients' apparel. Change should be frequent, and especially, pains should be taken that the clothing he puts on is free from all moisture. Heat the clothing before putting it on the patient. There must be no reabsorption of effete matter from clothing once worn and resumed again, "for a change." To prevent this, heat the dirty clothes as well as the clean ones. The movement of the patient when clothing is changed, and when food, drink, and medicine is given, may be sufficient, without any other change of position. He will often experience

great relief by such a change, but it must not be too frequent lest it becomes tiresome and hurtful. His mind must be diverted from his suffering if possible, but to do this prudently, promptly, and effectively, will require the exercise of that tact of which I have already spoken.

DIETARY.

The invalid should not be urged to eat. Nature has said, by the furred tongue, the bad taste, and the loathing of food: "Cut off supplies;" Good sense and wise treatment warn us to heed the mandate. In most cases of sickness very little food is demanded,—and of that, only such as is mild, slightly stimulative, and easily digestible. Food of a medicinal nature,—shell-fish, nuts, fish without scales, etc., should be prohibited. I shall not stop to further particularize what is and what is not hurtful. This general rule can be stated, however, in regard to both food and drink. Avoid everything as aliment which is medicinal in its nature; administer enough light, digestible food to satisfy the appetite, *and no more than that*; when convalescence sets in, cease feeding somewhat short of the quantity which will appease the appetite, rather than fully up to or beyond it, and always give enough liquid to allay thirst, remembering that pure water is the best drink, and gruels, panada, toast, rice, tapioca, and sago the best food.

VISITORS.

Seldom has it been my lot, in a practice of nearly thirty years to meet with a greater nuisance than meddlesome talkers. The nurse must be on her guard

against all the members of that class if she would prove herself adapted to the calling. The sick room is to them like the drop of syrup to the flies. They will endeavor to congregate in or near it. It is her duty to refrain from joining with them, or permitting the contagion of their presence to desecrate her domain. If she is dignified she will master the situation by disapproval. Every man, woman, and child thinks himself capable to give advice in sickness, and a great many are willing to acknowledge that they are superior to the nurse, or even the physician, in ability to advise in serious illness. Years of preparation and a lifetime of experience weigh no heavier than a feather when the vanity, and egotism, and officiousness of these persons are thrown into the opposite scale. What they do not know is consigned to that infinite realm of the unknowable, cognizable by no finite mind. Their grandmothers and themselves have used certain "yarbs," and, though they will concede that pennyroyal is not perhaps the saving specific in a case of *meningitis*, they do believe that "goose grease" is the only cure for croup. It is because there are so many of this class that nurses must exercise unusual discretion in admitting visitors to the presence of the patient.

ADMITTING VISITORS.

Visiting in the sick room is reprehensible unless there is good ground for apprehending that the patient will find his surroundings unspeakably dull and cheerless. I do not advocate the exclusion of all visitors from the patient's bedside; only that they, who are admitted,

should be among his intimate associates. Let them be told, if they do not know enough to understand what is proper, without instruction, that discouraging, annoying, or exalting topics must not be broached. There are a class who persist in underrating the severity of a disease, notwithstanding the fact, perhaps, that the physician has but recently admitted its grave nature. If they are met with that statement they will unbecomingly add that "the doctor is trying to scare you," thus slyly sowing a distrust of his honest efforts, and weakening the very necessary confidence between physician and patient. Still another class of meddlers will carry their tactics further, and openly praise the merits of their own physician and advocate his employment, while others recommend this or that nostrum that has cured this or that person. For all these people, the earnest, faithful nurse should have no itching ear, nor should she allow such gossiping to be within the hearing of the patient. In health and sound judgment the physician has been selected, and her duty is to work in connection with him. While under his orders she should not prove a traitor. If she finds herself conscientiously opposed to his treatment she should resign, and leave so embarrassing a situation to somebody who can work in union with the doctor.

CHAPTER IV.

IMPORTANCE OF VENTILATION.

Ventilation has been defined as letting *out* foul air and letting *in* fresh air. It is a comprehensive, pointed, and simple definition. Unfortunately, however, that is not all there is of it; for the question naturally arises, how can this “letting in” and “letting out” be best accomplished? No subject, probably, in our domestic economy has been so often, and so earnestly discussed as this, and no one, possibly, is so little understood. It stands forth as a pre-eminent illustration of those topics about which everybody theorizes and nobody, comparatively speaking, comprehends. It has been overloaded by a weight of fine-spun theories; it has been rendered impracticable by an intricate arrangement of impossible plans; it has been universally neglected while being universally discussed. I have no new theory to broach in regard to this subject but shall simply make it my business, in this work, to inquire into a few of the general principles which ought to guide the attendant of the sick room in securing this desirable object. In pursuance of that plan I shall endeavor, briefly, to impress upon the mind of the reader,—first, the importance of good ventilation; and, second, how to secure it.

THE EFFECTS OF FOUL AIR.

We take pains enough to have pleasant rooms. Do

we take pains enough to have healthful rooms? I cannot better illustrate the carelessness exhibited upon this point than to quote a passage from a lecture on "The two Breaths," delivered by the celebrated Rev. Charles Kingsley, late canon of Westminster, at Winchester, England, in May, 1869. Mr. Kingsley then said: "If you want to see how different the breath breathed out is from the breath taken in, you have only to try a somewhat cruel experiment, but one which people too often try upon themselves, their children, and their work-people. If you take any small animal with lungs like your own—a mouse, for instance—and force it to breathe no air but what you have breathed already; if you put it in a close box, and while you take in breath from the outer air, send out your breath through a tube, into this box, the animal will soon faint; if you go on long with this process it will die.

"Take a second instance, which I beg to press most seriously on the notice of mothers, governesses and nurses. If you allow a child to get into the habit of sleeping with its head under the bed clothes, and thereby breathing its own breath over and over again, that child will assuredly grow pale, weak, and ill. Medical men have cases on record of scrofula* appearing in children previously healthy, which could only be accounted for from this habit, and which ceased when the habit stopped. Let me again entreat your attention to this undoubted fact.

* Diseased conditions, undoubtedly, arise from this practice, but the author does not wholly credit the statement that the appearance of *scrofula*, under such circumstances, is an "undoubted fact."

“Take another instance, which is only too common. If you are in a crowded room, with plenty of fire and lights and company, doors and windows all shut tight, how often you feel faint—so faint, that you may require smelling salts or some other stimulant. The cause of your faintness is just the same as that of the mouse’s fainting in the box; you and your friends,

. . . and the fire and the candles likewise, having been all breathing each other’s breaths, over and over again, till the air has become unfit to support life. You are doing your best to enact over again the Highland tragedy of which Sir James Simpson tells in his lectures to the working-classes of Edinburgh, when at a Christmas meeting thirty-six persons danced all night in a small room with a low ceiling, keeping the doors and windows shut. The atmosphere of the room was noxious beyond description; and the effect was, that seven of the party were soon after seized with typhus fever, of which two died. You are inflicting on yourselves the torments of the poor dog, who is kept at the Grotto del Cane, near Naples, to be stupefied, for the amusement of visitors, by the carbonic acid gas of the Grotto, and brought to life again by being dragged into the fresh air; nay, you are inflicting upon yourselves the torments of the famous Black Hole of Calcutta; and, if there was no chimney in the room, by which some fresh air could enter, the candles would soon burn blue—as they do, you know, when ghosts appear; your brains become disturbed; and you yourselves run the risk of becoming ghosts, and the candles of actually going out.”

I have reproduced this long extract from a non-professional source because it describes in a graphic manner the results of a too common and unaccountable heedlessness. I cannot forbear adding to it the weighty opinion of a well-known chemist, Mr. Squire, who, writing in the *Pharmaceutical Journal*, illustrates the importance of ventilation by the following

STATISTICAL SUMMARY:

“The usual argand gas-burner consumes about five cubic feet of gas per hour, producing rather more than five cubic feet of carbonic acid, and nearly half a pint of water.

“Shops using thirty of these lights, therefore, in an evening of nine hours produce upwards of nine gallons of water, holding in solution the noxious products of the gas.

“An argand lamp burning in a room twelve feet high and twelve feet square, containing 1,728 cubic inches of air, with closed doors and windows, produces sufficient carbonic acid, in rather more than three hours, to exceed one per cent., which is considered unfit for respiration, and when it amounts to ten per cent. *it is fatal to life.*

“A man makes, on an average, twenty respirations per minute, and at each respiration inhales sixteen cubic inches of air; of these 320 cubic inches inhaled (in a minute), thirty-two cubic inches of carbonic acid are produced.”

Now the specific gravity of carbonic acid is much greater than that of common air, and consequently this mephitic compound sinks to the floor. It acts as a

narcotic on the animal system. Thus it happens, in an ill-ventilated apartment that we are actually "wading in poison." Think of it, careless mother! The carpet upon which your little ones play, is saturated with a pestilential essence! Your children are enveloped in a cloud of noxious and destructive gas! Their beds are spread with the pall of death! Do you then hope that they will become models of a healthful and beautiful maturity? Think of it, careless nurse! You are, with your own hands, pouring upon that emaciated and diseased body, bucketsfull of filthy and infectious matter! You are wrapping him in the robe of Nessus, none the less deadly because impalpable! He is struggling against the insidious arts of a veritable demon, and you sit unconcernedly by! Do *you*, then, expect to ever see him rise from that loathed rack to which he is now confined?

VARIOUS VENTILATING METHODS.

Let us assume, without farther discussion, that the reader agrees with me as to the *importance* of ventilation. The next question, then, is: How can this be best accomplished? The quantity of pure air in an inhabited room is decreasing constantly; the quantity of impure air is increasing in a proportionate ratio. The normal air must be restored by currents from a pure source; abnormal, or foul air, must be diminished by escape from the room.

This was so well accomplished by the old-fashioned open fire-place and huge chimney that our ancestors never felt the need for any artificial methods of ventila-

tion. The outside doors, opening directly into the living-rooms, in conjunction with the chimney, sufficed to furnish plenty of pure air and to carry off all the noxious gases. From these great reservoirs it was not difficult to ventilate any other apartments on the same floor, and open windows and open doors performed a like task above. In those portions of our country where the climate is mild, no difficulty is encountered to-day,—and this is true of midsummer all over the United States. I speak of the natural means of ventilation when I say that there is no difficulty. The prudence or the determination of many, by the exercise of which they might avail themselves of the opportunities thus afforded, is often lacking. The only difficulty in securing good ventilation is in the winter season. Then with closed rooms and air-tight stoves, our situation is lamentable indeed.

THE BEST VENTILATING METHOD.

I am inclined to think that the best method is that of flues, opening by means of the wheel ventilator, one through the base-board and another through the wall, near the ceiling, into the different rooms. This arrangement allows those noxious gases, which, expanded as they come warm from our lungs, have risen to the top of the room, to escape there; it also permits the other gases, which have cooled and fallen to the floor, to be swept out there. I do not advocate either ceiling ventilation or base ventilation exclusively. My own experience has been that a combination of the two can be so effected as to accomplish the most desirable results.

The ventilating shafts, whence the wheels open, should, if possible, be constructed beside the chimneys in order to be aided in their work by the heat passing through the latter. I do not expect that nurses will build ventilators, only just this far; mothers are the most common nurses. They, it is too, who are consulted (or ought to be) in the construction of the home dwelling. Let them, therefore, gain the true principles of a healthy, happy home, whenever and wherever opportunity offers.

Where a thorough system of "*letting in*" and "*letting out*" air is established, the professional nurse will make it her duty to master it and regulate it for the benefit of her patient. Against one practice I would especially caution all nurses, professional and non-professional. Never lower the upper sash to the window, and thus let heavy, outdoor air fall down upon the patient, closing up his pores and doing incalculable mischief. The sick room may often be ventilated, in those houses, especially, where a short-sighted and parsimonious economy has prevented proper construction, by means of adjoining rooms. In damp and stormy days this will be a better plan than any other.

Let the nurse remember that nature has her tonics and her specifics, no less renowned than those of the pharmacopœia; and that she will often "do her perfect work," unaided by pill, powder, or potion, if the sufferer is supplied with what nature demands for him. Let the nurse remember that among these demands are cleanliness, quietness, and pure air,—and that nature suppli-

cates for these, in every case, with a ceaseless and importunate prayer.

CHAPTER V.

THE BATH TREATMENT.

In these days when so much is said and written on baths, when "packs" are coveted, and water is popular enough to be considered, by some people, the only necessary therapeutic agent, a work of this character would be incomplete without paying some attention to bathing. I do not indorse the notion that water, in its various forms, constitutes a complete *Materia Medica*, but I certainly do believe it to be a very necessary hygienic and therapeutic agent. I think it is the best of all drinks; I consider it unsurpassed as a detergent, especially if it holds soap in solution; I advocate "packing" for soiled clothing, and not infrequently for the human body itself. We have often heard, however, that "too much of a good thing is worse than nothing," and that homely maxim is pre-eminently true in this business. Excessive treatment of a hydropathic character will so lessen vitality as to superinduce premature old age; or the excessive drain upon the system, by wearing out the powers of the body while it is only in the prime of manhood, may prove fatal. Bathing should be frequent, for both sick and well people, but the plunge or "pack" baths should be taken with extreme caution and but rarely.

THE SPONGE BATH.

I believe that the sponge bath meets every requirement on the score of either cleanliness or health, while it is at the same time more gentle, more genial, and more easily taken than any other. The sponge being a poor conductor of caloric it does not shock or wear out the system, but produces a healthy integument and a pleasurable sensation to the body generally. Let this bath, taken once a day, be followed by a gentle friction with the hand and a crash towel, or a flesh brush, alternating, at the time of rising and the time of retiring, and the results will prove in the highest degree beneficial. I would not be understood as condemning the shower-bath, etc., utterly, but they are used so commonly and their dangers and benefits are so well understood that it would be a work of supererogation to enter upon their description.

THE ALCOHOL STEAM BATH.

I must not omit to mention, however briefly, the alcoholic steam bath, the value of which in rheumatic difficulties has never, perhaps, been sufficiently estimated. The bath can be successfully applied thus: Let the patient be disrobed and seated in a wooden-bottomed chair. A flannel blanket should then be placed around him, falling to the floor on each side and fastened at the nape of the neck. Over the blanket throw heavy quilts. Beneath the chair place a pan of water, containing a teacup. Pour into the cup about a spoonful of alcohol and ignite it. The steam from the burning spirits will create a fine perspiration, after which the patient should

be rubbed briskly until thoroughly dry, and a fine, healthy glow ensues. Care should be taken lest a cotton fabric come into contact with the flame and the patient be burned. Should the heat be too intense, raise the blanket from the floor, letting in sufficient air to render it endurable. This treatment may be repeated as often as once in every two or three days.

CHAPTER VI.

EXPECTANT MOTHERS.

It is a necessary qualification of a good nurse to be well-informed about the ills incident to pregnancy. Considered in itself pregnancy cannot be regarded as an abnormal, but rather as a natural condition, resulting from an observance of the laws of nature. It becomes abnormal only when there is a deviation from the principles of health. This obvious distinction is too frequently overlooked, and, consequently, there is a growing disposition, in certain directions, to conform the conduct and habits of life to unusual and strange rules.

The diet, bathing, and exercise of the expectant mother should be such, in my opinion, as habit has hitherto proved most suitable to her taste, temperament, and constitution. She ought not, as a general rule, to relax in her usual duties, for labor of an active, stirring kind will prove beneficial to her, and to that other human life for the well being of which she is largely responsible. Excesses *of every kind*, must be avoided, however. Heavy lifting and over-doing are both dangerous, and nearly, or quite as bad, are the effects of continuous, sedentary occupations, such as sewing. Judicious, active exercise in the open air, walking, riding, etc., cannot be too highly commended, especially if it is at all desirable to have easy, natural labor and healthy offspring. I do not purpose to lay down arbi-

trary and specific rules with the expectation that they are applicable to individual cases, and will be obeyed. The most that can be done in a work like this, and all that I shall attempt to do, is to make a few suggestions which any woman, whether nurse or not, can follow. An extensive enumeration of physical habits might be made. I have hinted at a few of the most common, to which I might add: The enervating and injurious habit of sitting on soft and luxurious cushions; of an uncontrolled appetite; and of excesses in diet; the danger of false steps; of tight clothing, and of drug medication. Let the prudent woman avoid all drugged potions and quack prescriptions.

As I have already observed, she ought physically, to maintain her usual habits, provided that they are in consonance with the laws of health. Bathing should be frequent, the sponge bath, doubtless, being the best. If the mother would enjoy the association of happy, healthful children in future years, she must not only guard the health of her own body during this interesting and critical period, but she must also have a serene and cheerful mind. On the other hand, if she desired to rear peevish and sickly children, she could not go about it in a surer way than by being herself fretful, excitable, and ill-tempered during the period of this their early development. If it is a fact, as medical authorities concede, that an intemperate, tobacco-consuming, passionate father will stamp the image of his own turpitude upon the fruit of his body, sending his child upon the stage of being as a moral maniac, how much more true is it of the mother, who uses spirituous

liquors, narcotics and scores of poisonous drugs in the noxious compounds which she takes as medicines. So long as men beget children without regard to hereditary infirmities, and so long as women live perfectly careless of ante-natal influences, just so long will it be before fathers and mothers can expect that their children will live, with "sound minds in healthy bodies," to the full age of mankind. Such fathers and mothers ought not to be surprised if their children become curses to themselves and to society.

MORNING SICKNESS.

This is one of the most common, as well as the most troublesome complaints to which the pregnant woman is subjected. It makes its appearance generally about five or six weeks after conception, and, unless controlled, continues about ten weeks, occasionally lasting during the entire period of gestation. Although its symptoms are not unmistakable, yet they comprise, uniformly, nausea, vomiting, heartburn, interfering with the diet and making the sufferer wretched indeed. The palliative remedies frequently recommended have not been very successful in arresting this annoyance. The application of leeches, cups, etc., and the taking of aperients and sedatives have in turn been tried, and have successively failed to secure the desired effect. A different treatment has succeeded, and many sufferers have blessed the controlling virtues of Homœopathy for the safe, quiet, and sure help given through its silent agency. When this disagreeable affliction assumes a mild form, nature may be left to herself to remove it.

The following remedies will be found useful: Ipecac, Nux vomica, Pulsatilla, Opium, Lactic acid, Nitric acid, Phosphoric acid, Bryonia, Arsenicum, and Muriatic acid.

Ipecac is indicated when there is a watery or bilious diarrhœa, with an uneasy feeling about the stomach.

Nux vomica is indicated when there is constipation, nervousness, wakefulness, heartburn, morbid appetite, irascibility of temper. This remedy is peculiarly applicable for persons of dark complexion, dark hair, and nervous temperament.

Pulsatilla is indicated when there is diarrhœa and vomiting, with abnormal cravings and heartburn; applicable to mild, phlegmatic temperaments and blonde people.

Lactic acid is indicated by sour eructations and heartburn.

Muriatic acid is particularly indicated where the tongue, mouth, and anus are sensitive and sore, and are aggravated by touch, as are also the urinary and genital organs. The dose of each of the above remedies should be six to ten globules in a third of a tumbler of water, of which one teaspoonful two or three times a day will be sufficient.

MENSES DURING PREGNANCY.

The menses do not always cease at conception, but may return at intervals, and sometimes continue for a large part of the term. Under such circumstances they debilitate the patient and are often provocative of miscarriage. They may be generally regulated by the appropriate remedies. At the head of the list for this

purpose is Sabina, which is peculiarly adapted to women of a plethoric, diathesis; discharge of dark color, with pain from the back to the pubes, and with weight and pressure of the gravid uterus.

Ipecac will be called for when there is nausea, vomiting, bilious diarrhœa, and headache with the menses.

China will be found useful after the above, especially in debility, consequent upon excessive discharges.

Ignatia, Nux vomica, Platina, Veratrum album, Kreosotum will also be found useful where the above fail.

VERTIGO AND HEADACHE.

Giddiness, with throbbing headache, excessive flowing, and a feeling of the downward pressure of the internal organs, with hysteria, calls for Belladonna.

Where there is giddiness combined with a swimming headache, weakness, and a disinclination to move, give Cocculus. See also Aconite, Glonoine, Opium, and Platina in the *Materia Medica*.

DIARRHŒA.

If this arises from improper food, with ingesta, give Pulsatilla; if accompanied by colic, give Chamomilla. See also Dulcamara, Rheum, Phosphorus, and Phosphoric acid.

CONSTIPATION.

If joined with restlessness and sleeplessness give Nux vomica; with sopor and languor, give Opium. Bryonia will do excellent service when there are pains in the

stomach, side, and kidneys, with *Nux vomica* in alternation, the *Bryonia* by day and the *Nux* by night.

TOOTHACHE.

This will usually yield to the remedies which cover its group of symptoms. The following are the most effective: *Plantago major*, *Chamomilla*, *Pulsatilla*, *Beladonna*, *Nux vomica*, and *Rhus toxicodendron*. Before using any remedies cleanse the mouth with a soft brush, with soap and water. This will be found the best detergent, and it will prepare the way for the more ready absorption of remedies.

PRURITUS.

This is an itching around the genital organs, the pudendum, and the anus. It seems to be a constitutional difficulty. The remedies are *Pix liquida*, *Antimonium crudum*, *Ignatia*, *Rhus toxicodendron*, and *Arsenicum*.

VARICOSE VEINS.

Varices, or enlargement and distension of the veins, make the circulation sluggish. The veins usually assume a bluish hue, and this feature is accompanied by swelling and coldness of the limbs. If uninterrupted it causes the veins to burst, producing varicose ulcers which are not easily curable. The complaint should be treated constitutionally. The remedies are *Aconite*, *Arsenicum*, *Carbo vegetabilis*, *Lachesis*, and *Ruta graveolens*.

PILES.

Hæmorrhoids, or piles sometimes occur during pregnancy. When the tumors bleed they are called open piles; otherwise blind piles. It is a constitutional disease, and should be so treated. Cutting, cauterizing, and similar operations are deemed of no avail. If removed by excision they usually form again higher up, and thus baffle the skill of the surgeon. The remedies found most useful are Aconite, Pulsatilla, Nux vomica, Apis mellifica, Chamomilla, Hydrastis canadensis, Hamamelis, Sulphur, Silicia, etc. The same remedy can be used locally and externally as a lavement which is used internally. As a palliative, a mucilage made of bruised quince seeds with warm water can be used, anointing the parts therewith. The application of damp napkins, wrung from cold water, will frequently be found effective.

SIDE ACHE.

Pains in the sides and back, will generally yield to Aconite, Bryonia, and Nux vomica. If there exists a tendency to plethora, sharp and shooting pains, and a prickling sensation, Aconite is applicable. For heavier and more local pains, give Bryonia. I have found the use of this remedy from two to four hours during the day, with a dose of Nux vomica upon going to bed, and in the morning upon rising, to prove effective. The dose should be from six to ten medium-sized pellets, or three to four drops of the liquid form in a half tumbler of water, a teaspoonful being accounted a dose.

CRAMPS OF THE MUSCLES.

If attended with coldness, nausea, or vomiting, give *Veratrum album*; when accompanied by nervous excitability and costiveness, give *Nux vomica*; when with violent cramps in the calves of the legs, and with diarrhoea, give *Cuprum*. When the cramp occurs in the muscles of the limbs immediate relief will often follow if the muscle is firmly grasped between the place of suffering and the heart.

INCONTINENCE OF URINE.

This troublesome difficulty usually happens in consequence of a paralytic condition of the urinary organs, or more commonly, perhaps, from the pressure of the gravid uterus on the bladder. A too common cause is the frequent use of decoctions containing spiritous liquors. The remedies are *Aconite*, *Bryonia*, *Cantharides*, or *Muriatic acid*. Drinking freely of water may prove beneficial, but if neither this nor the remedies afford relief a physician should be consulted.

STRANGURY.

The passage of urine in drops, with smarting sensation, is not so dangerous as painful. The remedies which have proved most effective are *Aconite*, *Pulsatilla*, *Cantharides*, or *Nux vomica*. When the urine is red, the parts inflamed, the pulse full, and the skin dry and hot, the latter is the appropriate remedy. The dose should be taken from every fifteen minutes to two hours and should be followed by *Cantharides* every two

hours. Wet bandages applied to the parts and a warm sitz bath may prove effective.

DEPRESSION OF SPIRITS.

With some patients depression of spirits may be so great as to call for medication. Cheerful conversation, society of friends, riding, visiting, etc., will render great aid in removing the difficulty. When other means fail administer Belladonna, Pulsatilla, Platina, Opium or Sulphur.

MISCARRIAGE, OR ABORTION.

To the shame of our civilization be it said that, with a large number, the enquiry is not what will *prevent* this misfortune, but what will *produce* it; and the ability of our conscientious, skillful physicians is too often called upon, and time and argument taxed to persuade expectant mothers to become mothers. Nor is this wicked mania peculiar to the criminal and lowest classes. On the contrary the latter take no measures to rid themselves and society of those who are, in fact, troublesome offspring. Extending all around us, among the "better and higher" classes this infamous and murderous custom taints the pure air of heaven with the deadly sin of imbruted parents. It would seem as if it could not well be otherwise when wives are so often goaded on to commit this crime by husbands unwilling to have a large family. In many, perhaps most, instances, I fully believe, that the crime is chargeable upon our own sex, and that women, if properly encouraged and sustained or if tenderly and generously treated, would more rarely

become partners or principals in this enormity. I shall not enter upon a discussion of that evil, in this place. It is not my object, at present, to condemn so much as it is to encourage, especially those who are willing to strenuously avoid such a catastrophe. When such a danger threatens, rest and perfect quiet should be enjoined until the present danger has passed. Women who have once miscarried are very apt to suffer the same misfortune again, thus permanently undermining the health. The remedies where the difficulty was brought on by lifting, falls, or blows, should be *Arnica*, internally and externally, where there is flowing, *Secale* 30th or 200th potency, *Ipecac*, *Apium virium*, *Belladonna*, *Crocus*, *Caulophyllum*, *Ustilago madis*, *China* or *Platina*. In cases attended with constipation, *Bryonia*, as a day medicine, with *Nux vomica*, at night, should be given.

HÆMORRHAGE.

Cold bandages may sometimes be admissable. It will generally be sufficient to control the difficulty by appropriate remedies. Where there is nausea, fainting, and flooding with light colored flow, *Ipecac* will control it speedily. *China* is indicated when there is great weakness, with steady flow, hanging of the head, and chilliness. When the discharge is dark and thick, *Platina* or *Crocus* will be found serviceable. When the prominent symptom is constant and profuse flow, which will not yield to *Ipecac*, give *Cinnamon*. In cases of this nature the liquid form of medication is preferable, the potency ranging from the third to the 200th. The dose is from three to five globules in one-third of a

tumbler of water, well stirred; a teaspoonful at a dose, once every half hour, hour, or two hours, according to the patient and the circumstances. When the flooding does not readily yield to these means lose no time in sending for a physician.

PREPARATION OF THE BREASTS.

Many ladies think much of a proper preparation of the breasts for the uses before them,—“hardening” them, to guard against sore nipples and gathered breasts. As the breasts enlarge they should not be pressed upon by stays, which may do much harm. Gentle friction and bathing in alcohol and water, or in pure cold water will prevent abscesses, scaly eruptions, and excoriations. Should there be tenderness or inflammation much relief will result from bathing in a weak solution of Arnica and water, or Aconite and water.

FALSE ALARM.

False pains will usually yield to Pulsatilla, Caulophyllum, Bryonia, Nux vomica, Belladonna or Aconite when there are darting, pricking pains, full pulse, dry skin, give Aconite, from five to ten pellets being a dose. Pulsatilla is perhaps more often applicable when this trouble originates from over-eating and over-working, especially if the patient has a light complexion and mild temperament.

LABOR AT FULL TERM.

The nurse requires but few suggestions upon this topic and those few are mostly applicable when accident

leaves the patient alone with her, the physician being absent during this critical period. The nurse must have firmness enough and patience enough to wait the developments of nature, remembering that more is lost by overdoing than by not doing enough. When the pains increase and then "slack away," the patient seems comatose and no progress is made, give Opium. When the pains are irregular and but little progress is made, give Pulsatilla, Nux vomica, Secale; or Coffea when there is great restlessness and nervousness. When convulsions supervene give Coffea, Nux vomica, Chamomilla, or Belladonna.

HOW TO ACT IN THE ABSENCE OF A PHYSICIAN.

Some labors are managed entirely by nurses who have had some preliminary training in a lying-in hospital, where also, perhaps, a short course of lectures has been delivered; but ladies generally prefer a qualified medical man, in whose care, firmness, and superior ability they have greater confidence. Inasmuch, however, as labor sometimes comes on earlier than was anticipated, or its stages are gone through so rapidly as not to give sufficient time for the attendance of a medical man, it is desirable to know how to act till he arrives. Calmness, judgment, self-possession, and attention to the following points, well stated by Dr. Ruddock, are generally all that is necessary in ordinary cases for the safety and comfort of the lady and infant, at least until the arrival of the accoucheur.

If, when the head is born, the face gets black, the exit of the shoulders should be aided by slight traction,

by means of the index finger inserted in the *axilla* (armpit); but on no account should the head be pulled, for dislocation of the neck might result. After this the remaining exit of the body and *nates* (buttocks) should not be hurried.

When the child is born, the nurse should at once remove it out of the mother's discharges, place it where it has room to breathe, and see that the mouth is not covered with clothes. The mouth should also be examined, and any mucus in it removed. At the same time it is very important to notice whether a coil of the *funis* (navel string) be tight round the infant's neck; and if so, to instantly liberate it to prevent strangulation. If there are two or three coils, they should be loosened a little to allow the child to breathe.

The ligature—a piece of twine, or four or five threads—should be placed about two inches from the body of the infant, and *tied firmly* by a double knot round the umbilical cord; two or three inches farther from the body of the child a second ligature has to be similarly applied, and the cord then cut between the two ligatures with a pair of blunt-pointed scissors. The cord should not be ligatured till the child has given signs of life by its cries or vigorous breathing, or until all pulsation in the cord has ceased.

The umbilical cord having been ligatured and divided, no attempt should be made, by pulling at it, or otherwise, to remove the *placenta* (afterbirth). The only justifiable interference is firm pressure and occasional friction over the region of the womb, which tends to encourage contraction of that organ, by which means

detachment and expulsion of the placenta is effected. We may judge whether the placenta is detached by examining over the lower part of the abdomen; and if the womb is felt contracting, and hard like a cricket-ball, the placenta is detached. A professional correspondent—Dr. Ussher—writes; “There is one very decided way of knowing when the placenta is detached; it is as follows: Grasp the cord in the hand and squeeze it; if pulsation is felt, separation is not complete. For this purpose, one finger is not enough, the thrill is best felt through all.” If the placenta be not expelled, it is in the vagina (*passage to the womb*;) two fingers may then be passed up to the insertion of the cord, where the placenta may be grasped and brought away steadily and evenly, with a *spiral movement*, but without using force. The spiral movement tends to overcome the pressure of the atmosphere, and also winds the membranes into a kind of rope, so that they are less likely to be torn. It is by no means necessary to wait for a griping pain or two to affect the expulsion of the afterbirth. Indeed the removal is better effected before the griping pains come on.

The binder may be made of strong linen or sheeting, about twelve inches wide and a yard and a half long, so as to include the whole of the abdomen, and overlap a little. It should be applied moderately firm, secured by patent pins, and readjusted as soon as it becomes loose. The binder is useful in two respects: it favors contraction of the uterus, and thus tends to obviate hæmorrhage; it also aids the return of the abdomen to its former size, and prevents the condition called “pendu-

lous belly." The binder should be kept on for a week or ten days. It is only proper to add that medical men are not agreed as to the necessity of the binder, for while some always apply it, others discard it entirely. As, however, it can scarcely do harm, if properly applied, and may prevent hæmorrhage or uterine displacement, we recommend its application before the patient is left.

The first few hours after the birth of the child should be essentially hours of repose. For an hour, at least, the lady should maintain the same posture as during labor, and be no more disturbed than is necessary to apply the binder, remove the soiled napkins, and render her as comfortable as the circumstances will permit. She may not on any account make the slightest exertion herself, or hæmorrhage is very liable to occur. One or two hours after labor the tendency to hæmorrhage is much reduced. A cup of *cool*, not *hot* tea, or a little warm arrowroot or gruel, may be given her; but, except in extreme cases, or under the advice of a medical man, *no brandy or other stimulant should be permitted*. If the lady desires to pass water soon after labor, she should do so in a lying posture, but on no account sit up for that purpose, as dangerous hæmorrhage might thus be occasioned. By good management and quietude for two or three hours, a little sound and refreshing sleep is usually obtained, and her exhausted energies are soon renewed. After this, should no untoward circumstance forbid, she may be changed and placed comfortable in bed, preserving the horizontal posture. As soon as the infant is dressed and the mother made comfort-

able, the child should be presented to the breast. By this means the nipple is most likely to assume the proper form, the flow of milk is facilitated, and the activity thus excited in the breasts tends, by reflex action, to promote vigorous uterine contraction, and considerably reduces the danger of secondary hæmorrhage. The nurse should examine the napkins very frequently at first, to ascertain if there be any undue hæmorrhage. The labor being thus completed, the window-blind should be let down, noise shut out, conversation forbidden, and everything done to induce the patient to sleep at the same time making due provision for good ventilation. As soon as the child is washed and dressed, the nurse only should remain in the room.

Arnica.—In order to anticipate and prevent soreness as much as possible, it is well to administer Arnica internally, especially when the labor has been a hard and protracted one; a few drops of the 1x or 2x dilution, in half a tumbler of water; a dessert-spoonful to be given every hour or two for three or four times. When the afterbirth has been expelled, Arnica may also be applied externally to the parts by wetting a napkin with Arnica lotion (twenty drops of the tincture to a tumbler of warm water), renewing the application as often as may be required.

Coffea.—Sleeplessness, nervous excitement, and restlessness.

Aconitum may be substituted for Coffea, and given in the same manner, should any feverish symptoms occur.

FLOODING.

Post-partum, or flooding after delivery must be carefully guarded against. Should flowing continue with fainting, the fainting may arrest the flowing, as a part of nature's efforts to so arrest it. Ipecac will be found serviceable in such cases. China and Aconite will also deserve attention. Cold damp clothes will be effective if other means fail. The head should be lowered and the foot of the bed elevated.

AFTER PAINS.

After pains will not usually affect the first confinement but in after confinements they will cause great annoyance, Arnica may then be administered with effect, as a lotion; it is also serviceable where there has been severe labor. Ten to fifteen drops in a half pint of water applied externally to prevent soreness and a proper dose internally will aid in subduing violent effects. Caulophyllum, Nux vomica, Pulsatilla, Aconite, or Belladonna may be used at times when symptoms so indicate, (see Materia Medica.) The lochial discharge should remain for about ten days and should it cease before that, time, a few doses of Pulsatilla will usually suffice to restore it.

MILK FEVER.

When the milk fully appears, about the third day, there may be more or less fever. It will usually yield to a few doses of Aconite. The milk *must not be allowed to "cake"* in the breasts. If the child cannot take *all* the milk, it should be drawn by artificial means. If

there be no other resource at hand a young puppy, if put to the breast, will draw the extra quantity. The milk must in no case be allowed to remain to cause inflammation and abscesses. When, from the death of the child, it becomes necessary to dry the milk, bathing in a weak solution of Arnica and a few doses of Bryonia or Asafœtida, or Coffea will accomplish it.

SUPPRESSION OF MILK.

This sometimes occurs. When this happens because of fever, the latter will be speedily subdued and the milk restored by Aconite and Pulsatilla. When it is the result of weakness give Calcarea carbonicum, and, as a drink, tea made of clover, drank with or without cream and sugar. Where the secretion is excessive give Phosphorus, China, etc. Cold water is the best drink in all cases except those where the patient is suffering from diarrhœa.

DIARRHŒA.

During confinement diarrhœa though not very common, will demand prompt attention. Where there is no pain and undigested food, give Phosphoric acid, China or Pulsatilla. Where there is burning heat with thirst, give Arsenicum. With great debility, and chilliness give China. See also Chamomilla, and Veratrum in *Materia Medica*.

RETENTION OF URINE.

Give Aconite if there be prickling of the skin, heat or fever, and if that does not relieve it give Cantharis,

Bryonia and Pulsatilla are efficacious, especially if there be also derangement of the stomach.

SORE NIPPLES.

If, for some time previous to confinement, they have been properly bathed in cold water much will have been done to remove any possibility of this calamity. The quince seed mucilage will be the only preparation necessary to keep them in a healthy condition. If they still show signs of cracking give Hepar sulphur, and if that does not have a ready effect give Graphites.

GATHERED BREASTS.

If the directions to keep out the milk have been followed there will be little need of trouble on this score. When gathered breasts, from a sudden chill, or any difficulty of an erysipelatous character does occur, prompt medication will be necessary. If there is great heat and inflammation a few doses of Aconite, with a lotion of the same upon raw cotton, applied externally, will subdue the inflammation. Let this be followed by Bryonia. When induration remains give Mercurius solubilis, Phosphoric acid, Phosphorus or Phytolacca.

MENTAL EMOTIONS.

The mind affects the milk, by changing or lessening the quantity, and also changing its quality from pure nutriment to a substance injurious to the infant. Let the nurse endeavor to keep all exciting and affecting subjects from the nursing mother's attention. Where there is a difficulty of this kind medication will prove

of small benefit except in quieting nervousness. Nux vomica or Coffea may be beneficial under such circumstances.

WEAKNESS FROM NURSING.

Many nursing mothers are prostrated by nursing, the secretion being so large as to be an over-draft upon her vitality; or it may proceed from low vital powers. There are *extreme* cases where a change of nurse may be found necessary. As a general rule, however, the mother ought to nurse her own child. Eating heartily and taking a bowl of oatmeal or other gruel between meals and at night will usually enable her to perform this maternal function. China or Nux vomica may be needed (see *Materia Medica*).

FALLING OUT OF THE HAIR.

Lying-in-women sometimes loose their hair. To such give Lycopodium, Graphites, Ustilago maydis, Phosphorus or Sulphur. Bathe the head in a weak solution of Arnica or Phosphorus.

CHAPTER VII.

CARE OF THE NEW-BORN INFANT.

When the newly-born infant has been placed in the hands of the nurse she should rub a little lard on its head to remove all impurities, and should then wash and dress it. Let her avoid the use of the sweet oil of the shops. I have seen great evils arise from its use. The umbilical cord, if it has been properly dressed, has been wound with linen strips (like a sore finger) and placed between two layers of cotton batting. In future dressings the bathing can be changed if necessary. The cord will finally come off itself. No oiling or violence, in attempting to loosen it, should be allowed, as bad ulcers may ensue. When the child is dressed, give it a few drops of cold water. Let this be done every time the child is dressed and it will seldom have sore mouth. If it does, however, it will readily yield to *Mercurius*, *Bel-ladonna*, or *Arsenicum*.

As soon as the child is dressed, let it be put to the breast. It will find nourishment, do not feed it. There is no danger of its suffering for want of food. Nature has wisely ordered it. The milk is its natural nutriment and it will appear in time. When the child is not previously crammed with other and hurtful food, it will take, to the satisfaction of both the mother and itself, the aliment adapted to it. This will relieve the breasts and prove beneficial to the child, whereas other feeding

often deranges the tender stomach and causes incipient diseases.

The warmth of the bed, in which its mother makes the best place for the little one, but if it disturbs her there, place it in some warm place, elsewhere, which is excluded from the light. It must be carefully and gradually innured to the light. Do not allow it to strain its weak eyes by gazing on glaring or brilliant objects or by remaining in a brilliantly lighted room. The eyesight may be permanently injured thereby. When sore eyes do occur, wash them with the mother's milk, and give internally one or two pellets of *Belladonna*. If not relieved in three or four days, do not fail to summon the medical attendant at once.

Difficulty in breathing, generally called "the snuffles," frequently occurs and it is for the treatment of this infantile complaint that "goose grease" is so frequently used. Believe me, it is an abomination! Give the child cold water, and a few pellets of *Nux vomica*, from one to three will quietly remove the difficulty. Give *Sambucus* if *Nux vomica* fails.

Keep the child perfectly clean, and never suffer damp diapers to remain on its body. When excoriations occur, a linen pledget, wet with a weak solution of *Aconite* and tepid water and applied, will give relief. Do not apply soap or friction, but dry by pressure. Give *Belladonna*, *Chamomilla*, *Mercurius*, or *Rhus toxicodendron* internally.

Red patches on the face, body, etc., are not serious. Give cold water to drink, and, as medicines, give *Belladonna* or *Chamomilla*.

Remember children never cry except for reason. Examine their dresses to discover the cause and whether it be not natural. The clothing should never be tight. Ample room should be allowed for expanding the lungs and for freedom of motion. In fastening garments pins should be as little used as possible. Give strings and buttons the preference. If they have proper and natural food and drink, babies will not cry unless in pain. Should the child's limbs be contracted as if in colic, accompanied by looseness of the bowels, give Chamomilla. I recollect a case which I was summoned to attend while yet young in the profession. The child cried continually without any discernable cause. Close scrutiny failed to discover a cause and carefully selected remedies did not alleviate the distress of the little patient. Finally a common cambric needle passed from the bowels with the stool, and a closer search revealed the spot on the abdomen, where the needle entered. I accept the suggestion of a well-known medical man that to "medicate the mother and not the infant is a good rule for nurses and physicians to inculcate." For hic-cough, give Belladonna, Pulsatilla, or Nux vomica. The Pulsatilla should have the preference when there is a tendency to constipation.

Teething is the trying time in the infant's life. Older people, who have cut their "wisdom teeth" in after years, may form some idea of the pain incident to this earlier period. But for the plasticity of the bones and muscles of the infant, few would survive the burden of gaining a mouthful of teeth. Avoid lancing gums! If the teeth have passed safely through the jaw, they

will, in most cases, soon cut the gums. Rubbing them with a thimble or a bit of ivory, and allowing them to bite on ivory, or a rubber ring will develop them. If the gums are hot and painful, give Belladonna; and to help the teeth through, give Calcareo carbonicum once or twice a week.

CHAPTER VIII.

DISEASES AND ACCIDENTS OF CHILDHOOD.

Suspended animation is so common that a treatise on nursing would not be complete without it. Falls often result in suspended animation, and the query then arises is the child dead? Chafe the parts injured with a little Arnica and water, admit plenty of air, and give internally three pellets of Arnica of the 30th potency. When the child is restored, do not let him sleep for some time.

ASPHYXIA.

Asphyxia from suffocation, blows, hanging, etc., should be treated in the same manner. When that treatment does not suffice, use the electro or magnetic baths, and the cold sitz, shower, or plunge baths. Then use gentle friction, and give Arnica internally as in the case of a fall.

Asphyxia from drowning may often be so treated as to save the life of the patient, even when animation has been suspended for some little time; although measures cannot be too promptly taken. Let the body be disrobed and thoroughly dried by rubbing with towels or napkins. Place it in a warm bed with flannel blankets. Inflate the lungs by blowing into the mouth or through a tube, improvised for the occasion. This can be done by placing the tube (a pair of hand bellows would be

better) upon the base of the patient's tongue. Press gently upon the front projection, called "Adam's apple," inflate the lungs by blowing gently through the tube, or contracting the bellows if they are used, and then, with the hands press or percuss the chest in order to throw out the air, thus imitating artificial respiration, until the lungs will expand of themselves. When the operator is so placed that nothing in the form of a tube is procurable, let him place his lips firmly upon the lips of the patient and thus inflate his lungs, expelling the air as before stated. The operator should not despair if animation is not restored for a considerable length of time. There are cases recorded where artificial respiration was not successful for several hours but finally results in the complete recovery of the inanimate form. In order to expel the water which may have been involuntarily swallowed by a drowning person, lay him at full length upon his face and chest. Standing over him place a hand under each side, just below the lower ribs, and raise his body slowly up from the ground, but not high enough to lift either the head or the feet completely up. Repeat the process with the hands moved a little higher up on the body. Continue this course, removing the hands higher each time until they are finally over the upper portion of the lungs. With the hands in that position lift the body again, pressing the palms of the hands gently but firmly towards each other.

Asphyxia, resulting from sleeping in a room surcharged with poisonous gases, can be treated successfully by giving the sufferer free access to the air; dashing water upon the face, neck, and shoulders; applying

warmth to the body, and giving China and Aconite. In asphyxia from lightning the same treatment may be used, as in asphyxia from drowning. Burial in the ground, up to the chin, has been recommended by such well-known and reputable authors as Laurie and Hering.

In asphyxia from freezing, great care should be taken in moving the frozen body. Place it carefully in the snow, covering the whole body, with the exception of the mouth, so as not to stop *inspiration* and *expiration*. Under no circumstances should you place the body in a warm room. The sufferer should be conveyed under shelter, in a barn or shed, for instance. So place him that the melted snow can run off. When snow cannot be obtained, use salt and water. Finally place him in a warm, dry bed, and give a teaspoonful every half hour, from a third of a tumbler of water, in which from three to five drops of spirits of Camphor have been placed. Injections of camphorated water may be used, prepared in the same manner.

When asphyxia results from want of food, warm milk, administered drop by drop, may be tried successfully. In accidents of this kind, great care must be exercised about over-feeding, or the patient will die under your hands. Always send for a physician.

CROUP.

This dangerous disease is so sudden and so rapid in its action that it frequently baffles the most skillful measures when prompt action is neglected; hence every nurse and every mother should be well-informed regarding the means of checking its virulence, until the physi-

cian can be summoned. When you hear a short, barking cough, in your children, accompanied by difficulty in breathing it is an almost unmistakable symptom of croup. Give, then, from four to six pellets of Aconite every half hour. Time may also be gained by pouring water, as hot as the patient can bear, into the hollows of the arms at the elbow. Dry the body and wrap it in flannel. By these means you will generally be successful in checking the disease until the doctor arrives. When perspiration is established, give *Spongia* every two hours. The hoarseness will generally yield to *Hepar*.

WHOOPIING COUGH.

It is well to know how to palliate this contagious disease. It may generally be made so mild as to lessen the suffocative attacks by the use of *Pulsatilla*, for the first few weeks, before the child begins to whoop; after which give *Drosera*, six to eight pellets, after each suffocative attack. It has been recommended to vaccinate the child as soon as the disease declares itself, which, if it does not break it up, will make it of a mild character. Of this let your physician be the judge. The patient will cough about two weeks usually, before the whooping begins. After the catarrhal stage passes the suffocative stage commences. The child will cling to something with his hands and when the spasm ceases there will be an interval of rest. The duration of the disease is about six weeks, after which it is not deemed contagious and wears gradually away.

SPASMS.

Lock-jaw, from various causes, may happen to young children. If the physician does not immediately respond give the little sufferer a dose of *Nux vomica*.

PUBERTY.

This stage in every woman's life should be known and the nurse and mother should be prepared to treat slight cases without the necessity of calling a physician. When the girl is sufficiently developed and the menses do not appear, or when they are irregular, give *Pulsatilla*. Let her have proper exercise in the open air; let her be warmly and properly clad and nature will usually perform the rest unaided. When there is great restlessness, giddy headaches, and a pressure at the stomach give *Cocculus*. Should there be headache, red face, and cold feet, give *Belladonna*.

MINOR DIFFICULTIES.

There are a few other minor ills and accidents of childhood, with one or two of a more serious character, which, however, but rarely occur, that I might mention before concluding this chapter.

Children are unaccountably inclined to put beans, corn kernels, peas, and other substances in their ears, nose, and mouth,—those general receptacles of the treasures of babyhood and childhood. If allowed to remain any length of time, they will swell from the moisture which they absorb and it will be found difficult to dislodge them. When the foreign substance is in the nose or ear, take a common hair pin, bent so as to make

it somewhat spoon shaped, and pass it gently by the obstruction when the latter can be readily withdrawn. Or when the obstruction is in one nostril, close the other firmly and blow. The substance will invariably be ejected. Use no violence in any such cases, however. When fish bones, or other extraneous matter, becomes lodged in the throat they may often be removed by natural means; but when such means fail the forceps will have to be resorted to.

Specks of dust, cinders, and other foreign substances may often be removed from the eye by raising the lid and dropping a few globules of warm milk upon the ball. Or the lid may be turned back and a fine handkerchief used to remove the substance.

In burns and scalds avoid cold water as it is extremely injurious. One of the best domestic remedies with which I am acquainted is the soap poultice. Pour a very little lukewarm water upon the thin shavings of castile soap, and beat or whip the compound into a thick paste. Spread it on soft linen and apply it to the burn like any other poultice, renewing it when it becomes dry. *Urtica urens*, five to ten pellets taken internally from one to three hours, will be useful.

When the ears, nose, or fingers become frost-bitten, avoid the fire, apply camphorated water and let the patient drink freely of cold water.

CHAPTER IX.

POISONS AND THEIR ANTIDOTES.

The most common, whether taken purposely or from habit, which custom has made popular in society, are narcotics. The older observer, whether accustomed to its use or not, looks with disgust upon those young boys who have learned to smoke and chew tobacco under the mistaken idea that it is manly. There is no possibility of using habitually such a prevading nerve-poison and yet be exempt from its injurious effects. The observant eye will soon see in the cadaverous skin, pinched nose, dim, lusterless eyes vacillating with unearthly brilliancy the itching of the skin (prurigo), headache, nausea, shooting pains and general malaise, the progress made in the path of this destroyer. With the popularity which this insidious poison has attained, thousands of valuable lives will be sacrificed and myriads of hopes will be dashed to the earth before the public will taboo the giant evil. Every nurse, every mother, every father should meet it with the full force of his and her influence. *Plantago major* and Camphor are antidotes to its present effects, but when used for a long time a course of treatment requiring great skill to restore the constitution to its pristine state, becomes necessary.

Opium is a poison worse in its effects, and ranks first above tobacco. When taken to gratify its own voracious appetite it will prove almost uncontrollable. Few

who enter the maelstrom will ever return. Let all avoid it as a drug as they would the open door to death. It is a common vehicle for the exit of the suicide to the presence of the great Unknown. A strong tincture of Coffea will antidote its effects.

In order to antidote poisonous acids give alkalies, as common or hard soap emulsions. To antidote poisonous alkalies give vinegar, followed by copious draughts of warm water. To antidote Arsenic, give lard, sweet-oil, butter and milk.

CHAPTER X.

MATERIA MEDICA.

When the right remedy is not known, select one of the following that *corresponds* to the symptoms of the case:

Aconitum napellus justly and properly heads the list, as a prince at the head of his forces. Aconite in acute diseases holds the post of honor. It should be used in inflammatory fevers where there is a quick, full, round pulse; dry, hot skin; sharp pains and local or general inflammation, with prickling, stinging sensation; congestion with chills. Dose, three to five drops of the third, twentieth, thirtieth, or two hundredth attenuation, in a half tumblerful of water; a teaspoonful from one-half hour to three hours, according to the patient and the symptoms.

Arnica takes its place as the remedy in bruises, falls, strains, and wounds, with extravasated blood. It is used externally as a lotion, as well as internally. Dose, five drops of the third attenuation in a half tumbler of water; a teaspoonful every hour to three hours.

Arsenicum album will be found useful where there is rapid and great prostration; burning heat; great thirst; for cold water; excoriations in consequence of diarrhœa; acrid discharge from the nose; chills mingled with fever; furry, red tongue; heat and scalding of urine. Dose, six to ten pellets of the medium size, from one to six hours.

Apis (*Apis*) is applicable in those cases where there are sensations like the sting of a bee; swelling of the extremities; great restlessness; red and highly inflamed tonsils; scanty secretion of urine, with a burning, dark colored fluid; incontinence of urine; dropsical symptoms; dry nose and throat, with itching and burning of the skin, as in scarlatina. Dose, same as *Arnica*.

Belladonna is called for when there is a rush of blood to the head; red face and eyes; sore throat and enlarged tonsils; headache; red patches on the skin, or the latter smooth and shining; delirium; dry cough; especially in scarlet fever. One pellet of the twentieth attenuation may be given every morning as a preventive of scarlet fever. Dose, five to ten pellets of the third, thirtieth, or two hundredth.

Bryonia for pleuritic pain in the side, especially the left; loaded, bad feeling in the stomach; torpid bowels and kidney difficulties; pain in the heart, especially when caused by rheumatism of the heart, inflamed lungs and rheumatism. It alternates as a day medicine in dyspepsia, with *Nux* at night, especially when costiveness prevails. Dose, same as *Belladonna*.

Baptisia for low grades of fever; stupefying headache; heavy aching in the calves of the legs; bad taste in the mouth, affecting the breath, and for typhus fevers. Dose, of the third attenuation, the same as *Arnica*.

Calcarea carbonicum for leucorrhœa and difficulties of the mucous membranes. In dentition where the teeth are slow in cutting through, one dose a day. In other cases give three to eight pellets, once to three times a day.

Chamomilla for griping colic, with diarrhœa in children who are teething; for the diarrhœa of old people. Dose, three to six pellets, every one to three hours.

China for general weakness with flashes of chills and fever; hæmorrhage; nose bleed; flooding, with tendency to periodicity. Dose, same as Belladonna.

Cina for worms in children; rubbing of the nose; cross children; itching at the anus. Dose, same as Belladonna.

Coffea for nervousness, excitability, restlessness, weakness, tossing, etc. Dose, six to ten pellets for adults, once in twenty-four hours.

Colocynthis for gripings, and grinding, tearing pain, in the bowels, aggravated by walking, talking, and motion; pain extending to head and teeth. Dose, same as Chamomilla.

Cuprum for great nervous excitement, cutting and griping in bowels; cramps in the limbs; metallic taste in the mouth; for cholera, cholera morbus, etc.; low spirits, tossing, and incoherent talk; pain about the heart; nausea, vomiting, and diarrhœa. Dose, eight to ten pellets of the thirtieth attenuation, every three to six hours.

Cimicifuga for nervous headache; pains in the back of the neck; nervousness, profuse light urine; fever and hysteria; mental aberration, delayed menses, and sleeplessness after pain. Dose, eight to ten globules every three hours.

Caulophyllum, for suppressed or retarded menstrual flow; painful menstruation, with deficient flow; metrorrhagia. Dose, same as Belladonna.

Cantharides for painful urination; stranguary, with painful smarting; sanguinary urine; excoriations, and red skin. Dose, five to ten pellets of the medium size, third to thirtieth potency, from one to three hours.

Carbo vegetabilis for putrid ulcerations; dark blue veins; malignant scarlatina (as a gargle); diphtheria and varicose veins. This remedy may be applied externally, as well as taken internally. As a drink it may be prepared by putting a lump of charcoal, the size of a hickory nut, in a quantity of water, of which let the patient drink freely.

Cinnamon for a light colored flow of the menses, and very profuse flooding. Dose, of the third potency; one to three drops, every hour.

Crocus for profuse menstruation, with dark colored discharges; great debility, and excitability about the heart. Dose, one drop of the third potency, twice to three times daily.

Drosera for dry, spasmodic cough; asthmatic cough, etc. Dose, five to ten pellets after each suffocative attack.

Dulcamara for ailments after exposure to dampness; rheumatic pains; pain in the hands, joints, and languid, bruised feeling in the limbs; affected by changes of weather; rash on skin. Dose, same as Belladonna.

Graphites for constipation, the stool sometimes passing in hard lumps joined by a stringy mucus; sore nipples with vesicles; cracks in hands; excoriations in the folds of the flesh; scabby exudations, etc. Dose, same as Belladonna.

Gelsemium for low grades of fever, feeling of lassitude

and “goneness”; flashes of heat and of cold; burning heat in the skin, with a low quick pulse and oppression at the heart; heavy pain in the region of the liver, with a low quick pulse and oppression at the heart; heavy pain in the region of the liver, extending to the stomach and heart. Dose, of one to three drops of the third potency in half of a teacup of water a teaspoonful every half hour.

Hepar sulphur for hoarseness; loss of voice; enlargement of the glands, especially where suppuration is certain; cough dry and hoarse; croup; especially useful after the abuse of Mercury. Dose, same as Belladonna.

Hyoscyamus for convulsive movements of the limbs; spasms, and jerking; redness of the face; dilation of the pupils; retention of urine with constipation; paralysis of the bladder; profuse menstruation, with delirium; tingling in the left hand as if going to sleep; asthma; nocturnal dry cough; convulsions consequent upon labor and from other causes. Dose same as Belladonna.

Ignatia for nervous excitement; involuntary starts; intolerance of noise; sensation of obstruction in the throat; loaded stomach; feeling as if the food was lodged in the stomach; headache with heaviness; pulsating at the temples, aggravated by stooping; tingling and creeping through the whole body. Dose, five to ten pellets, once in six to twelve hours.

Ipecacuanha for nausea, headache, vomiting, diarrhoea, fever, and dizzy head; high colored urine; croupy; pains in the back; ague; yawning, stretching, etc.; flowing, fainting, etc. Dose, same as Belladonna.

Lactic acid for sour stomach, burning, heating, etc.; heartburn. Dose, half a grain of the third potency.

Lycopodium for catarrh of the air passages. Dose, prepared and snuffed,—the thirtieth potency. For constipation; sour vomiting; flatulence and bloated condition; wry neck, etc. Dose, three to eight pellets, every one to five hours.

Mercurius:

(1.) *Mercurius solubilis*.

(2.) *Mercurius corrosivus*.

(3.) *Mercurius vivus*.

In red dysentery the second will take the preference. In sore mouth, enlarged tonsils, diarrhœa, and slimy dysentery give number two. Number one is applicable in cases of ordinary diarrhœa, of a milder type, with tenesmus and general malaise. Dose, five to ten pellets of the third to the thirtieth potency, every one to three hours.

Muriatic acid for tenderness in the mouth, anus, and genital organs; dryness of the mouth and tongue; large and protruding piles; pruritis; watery stools. Dose, same as Arnica.

Nitric acid for small, white ulcers in the mouth, throat and stomach; sharp, inflamed condition of the mouth and throat. Dose, same as Mercurius.

Nux vomica for nervous excitability, jerking and twitching of the tendons; rigidity and spasm, as in lock-jaw; torpidity of the liver; aching in the right shoulder and hepatic region; constipation, sleeplessness roaring in the ears and sparks before the eyes; nervous headache; piles and convulsions. This remedy is adapted

to those with dark skin, dark hair, stirring, active temperament, and is, properly, a night remedy. It is also adapted to "sniffles" in children, and dry, hacking cough. Dose, same as Belladonna.

Opium for constipation from abuse of cathartics; sleepiness; heavy, unnatural sleep; numbness of limbs; loss of mind; stupidity (when unnatural); convulsions, chronic diarrhœa, and paralysis of some organs. Dose, same as Belladonna.

Phosphorus for pain in the chest, dry cough with flushed cheeks; dryness of the scalp and falling out of the hair; dry, hard stool and short breathing. Dose, same as Belladonna.

Phosphoric acid for debility, from loss of animal fluids; sour papescent stools, with burning and excoriations; cold and chilly; stupid feelings; typhoid fever, with diarrhœa. Dose, same as Belladonna.

Platina for too copious menstruation, hysteria, low spirits, including anger, grief, and disappointed love. Dose, six to eight pellets once in every six to eight hours.

Pulsatilla for loose cough, watery discharges from the nose, watery eyes, undigested food, over-eating, improper food, colds, suppressed menses, sneezing, etc. This remedy is adapted to females who have light skin, blue eyes, and a predisposition to obesity. Dose, same as Belladonna.

Rhus toxicodendron for palpitation of the heart, with pain and pushing outward of that organ; rigidity and stiffness of the joints; repelled rash, and rash and chaps on the skin after getting wet. Dose, same as Belladonna.

Ruta graveolens for pains in the bones, and from bruises; chafing of the skin; warts; heavy pains in the bones with debility. Dose, one drop of the third potency twice during the day.

Sulphur as an intercurrent remedy in old cases of rash, and repelled itch; also adapted to sanguine and lymphatic temperaments in inherited diseases; old sores, etc. A dose will often arouse the constitution so that the regular remedy will speedily cure. Dose, three to six pellets, once a week, of the thirtieth or the two hundredth potency.

Sabina for dark-colored flowing, pain, and painful oppression; heaviness in the abdomen; beating, throbbing toothache, and gouty pains. Dose, same as *Belladonna*.

Spongia for dry barking cough, and croup. Dose, six to ten pellets every half hour to three hours.

Silicea for purulent discharges, ulcerations, costiveness, headache in the back of the head, itching and formication in the skin, stiffness of limbs, weakness of back, and paralytic feeling. Dose, eight pellets three times a day.

Stibium for nausea, dull headache, disposition to vomit, fever, anxiety, restlessness, painful, short breathing,—necessitating an upright posture; anxiety about the heart; sweats alternating with heat and fever; clammy sweat, with pustules on the skin, resembling chicken-pox and variola. Dose, same as *Belladonna*.

Veratrum album for cold deathly sickness, vomiting, diarrhoea, cramps in the legs and muscles; cold extremi-

ties, cholera, cholera morbus, and cholera infantum.
Dose, same as Belladonna.

The thirtieth potency of these remedies will, doubtless, be found the most acceptable and efficacious.

CHAPTER XI.

DIETARY RULES.

Three dietary rules may be laid down as obligatory, at all times and in all cases upon the nurse. I referred to them in a previous chapter (the third) but repeat them now as they cannot be too strongly emphasized.

First, the desire of the patient for food is not a safe guide. It will not do to allow him to feed as freely as the appetite may crave. Where the appetite *is* strong it will be better to feed the invalid often, but, each time, with small quantities, than to let him eat what he will at once.

Second, give nothing as food which is medicinal in itself. Let medicine be medicine and food only food. Medicine does *not* make blood, bone, nerve, and muscle.

Third; administer only such drinks as nature ordains for allaying thirst. Of these, cold water is the best except in cases of diarrhoea and vomiting. Then rice coffee, prepared like our common breakfast coffee, can be used. Wheat coffee, prepared from sprouted wheat, will prove acceptable. In measles I have found a tea, made from oats, excellent in every respect. For most bilious complaints, lemonade is allowable. Toast water, barley water, white pine bark in water (especially for chronic lung diseases), slippery elm water, and gum arabic water will each, sometimes be found palliative.

ALLOWED ALIMENT, AT ANY STAGE OF THE DISEASE.

Beef tea, mutton broth, light bread; toast, with cream; rye mush with cream; apples, if mild, but not sweet, and either baked or scraped; gruel, tapioca, panada, arrow root, and sago.

IN CONVALESCENCE.

Fresh fish (except oleaginous or shell fish,) boiled and seasoned with salt and cream; soft boiled eggs; baked potato, seasoned with salt and cream; fruits which are destitute of acidity; wild game; all kinds of light bread, and biscuits when free from saleratus.

PROHIBITED.

Smoked meat, salted fish, strong butter and cheese, fat pork, turtle, fish without scales, and all shell fish, sausages, artichokes, pickles, catsup, celery, horse radish, garlic, onions, pepper, spices of all kinds, quince, lemon, and orange parings, sage, anise, coriander; all kinds of distilled and fermented liquors,—except under the physician's directions,—mineral waters, perfumes, cosmetics, aromatic tooth powders, impregnated baths, tea, coffee and tobacco.

ALLOWED.

Apples.
Beef.
Bread.
Cream.
Cocoa.
Cocoa coffee.

PROHIBITED.

Apples (sweet).
Biscuits.
Beans.
Catsups.
Cheese.
Coffee.

ALLOWED.

Dried beef.
Eggs.
Figs.
Fish (not oleaginous).
Graham bread.
Hominy.
Lemonade.
Mutton.
Mush,
Oranges.
Pears.
Peaches.
Potatoes.
Parsnips.
Turnips.
Etc., etc.

PROHIBITED.

Cherries.
Currants.
Cider.
Confections.
Fish.
Horse radish.
Ice cream.
Lemons.
Melons.
Nuts.
Oysters.
Plums.
Pickles.
Pork.
Spices.
Tomatoes.
Etc., etc.

CHAPTER XII.

FOOD FOR THE SICK.

It was the original intention of the author to close his work with the appended diet list, but by the advice of professional brethren, and at the solicitation of friends, he has concluded to extend its limits so as to embrace a complete chapter on food for the sick.

It would seem, at first glance, that a chapter condemnatory of alimentiveness would be more *apropos* than one which might have some slight tendency to encourage a devotion to the pleasures of eating and drinking; for much valuable time is expended, anxious thought lost, and rivers of ink shed in the attempt to multiply appetite delicacies, while fortunes are gained from cook-books, to say nothing of the daily emanations from the French kitchen, the bills of fare of which grace the dining-tables of all our popular hotels. If each new *cuisine* should bring with it,—as many of them do,—a headache, or an intestinal convulsion, what can we expect for the generations yet unborn, “whose fathers have eaten sour grapes,” but that “the children’s teeth will be set on edge?” The man acts more wisely who teaches the people “to eat to live,” instead of “to live to eat;” and he acts better in accordance with his duty as an honest man who accepts this teaching and regulates his diet to harmonize with nature’s wants, for disordered stomachs have much to do with the evil and

misery in the world. The chances, are, however, that while his pupils were being *taught* dietary maxims, the philanthropic instructor would be practicing its most rigid rules, but only from stern necessity. Such a practical illustration does not, often, encourage the adoption of abstract precepts.

That lesson which limits the direction and extent of our desires, is a hard one to learn, and, frequently, a very inconvenient one to teach. Nevertheless, the American people have exposed themselves to criticism, regarding What they eat, and How they eat it. I shall not hesitate, therefore, to make some suggestions, to my readers, on the subject. We eat too much! We eat too fast! We mix too many articles of food in our cravings for variety at each meal! In short, long life and health call for plainer food, more time for digestion, and simpler drinks.

The true dietetic principle, doubtless, is to have all our food and drink of such a non-medicinal nature that we could change it any time without suffering from such a change, or longing for the articles we are deprived of. If we avoided all nerve tonics, medicinal substances and nutriment, liable to create a passionate longing, and supplied ourselves with simple nourishing aliment and cold water, we would, like Daniel and his brethren, be able to appear before Melzar, or the king, stronger, fairer, and better men than by living on the king's meat. The homely regimen of the Hebrew captives demonstrated its worth in their fair and comely countenances, their agile and athletic forms, and their bright and active mental capacity. Under like condi-

tions, we, too, would realize the value of sound minds in healthy bodies; and the ingenious temple of the immortal soul, not desecrated but rather consecrated by the functions of mortal humanity, would display its attributes in a fair and seemingly exterior.

DIET IN ACUTE DISEASES.

If we would heal diseased organisms *we must let them rest*. The inflamed stomach should be allowed to rest! The inflamed bowels should be allowed to rest! The inflamed and overtaxed heart should not be burdened with an increased quantity of blood, and be compelled to propel it into and through an already plethoric body. As a consequence, the system does not require, in inflammatory and acute diseases, the same quantity of alimentary supplies that it does at other times, under other conditions. What it does require is *rest*. The eye when inflamed needs rest, and that physician who seeks to purge it of humors by excitants acts as reasonable as he who forces the bowels to move with drastic purgatives.

If the bowels rest four, five, or six days, or even longer, in inflammation, cathartics are worse than fecal matter. In such cases let the food be light in quantity and in quality, and, generally, of a liquid character, or consistency. Oat meal, or wheat meal gruels are commonly given, and, like panada made of crackers and water, sweetened with pure sugar, and slightly acidulated with lemon juice; barley water,—made of Scotch or pearl barley, the latter of which is the better; and buttermilk, which, containing less fatty secretions than

skimmed milk, is decidedly preferable to it,—are all useful in cases of this character. The barley water is sufficiently nutritive to be a very acceptable drink. Buttermilk can be prepared suitably by boiling it and thickening with flour or meal. When so prepared it is called "*buttermilk pop*." Whey from cow's milk may sometimes be used as a diluent.

In measles and in *scarlatina* I have found a tea made of oats, or oatmeal boiled and seasoned with milk and sugar, a laxative, yet nourishing diet, carrying impurities from the system. Oat tea, or some similar preparation, and cold water, for food and drink in cases of measles are the principal dietary elements, until they are "turned."

Lemonade and cold water are the best drinks in bilious fevers. It is wisest to confine the patient, in such cases, to what has been deridingly called a "stop diet," and allow no other without the consent of the physician. Even in convalescence the most watchful care should be exercised that the change from the fever diet be not too abrupt and rapid. If we would have a sure and enduring recovery, let food be given little by little, especially to those patients where the alimentary canal has been involved. Where the stomach or bowels are inflamed, never let the patient fully satisfy his appetite. Self denial often *pays*. While convalescing, a little toast, with cream and baked apple, slightly acid, will be beneficial. The skin and core of the fruit should be avoided. Add to this, when the palate of the invalid relishes it, weak Oolong tea, neither too hot nor too highly seasoned. It is a safe drink in such cases, although I

would not recommend it as a habit. Spiced teas,—made aromatic by spices, lemons, or other so-called “appetizers,”—concocted to seduce the nerves to overwork, overact, or make the patient a slave to pampered nervousness. Food has its appropriate sphere, and medicine its; nor can they fulfill the functions of each other. As the patient gains strength give him beef tea,—made by shaving the beef into thin slices, putting the slices into a bottle, tightly corking it, and immersing the bottle in a kettle of water and heated, where it should remain until the juices have been cooked from the meat, when it can readily be brought to the right consistency and seasoned, according to the invalid’s taste.

Mutton broth is a good article of diet. Ripe fruits, apples, oranges, peaches, especially in cases of constipation of the bowels, are all safe and valuable articles of food. Consult the list of allowed aliment, remembering that nothing is gained and much is lost by mixing food and loading the stomach, while the safest course is to never lead the appetite but always keep it in check.

DIET IN CHRONIC COMPLAINTS.

Diet in chronic cases is something very different. Here a wide range of articles calls for adaptation to individual conditions and idiosyncrasies. The consumptive will not maintain vitality on what the dyspeptic can use. The dysenteric patient will not appropriate what the diarrhœic patient requires. That nurse will succeed best who can individualize the diet for the patient and ascertain what will meet the wants of each

one, widely differing in his needs from every other one of the general chronic class.

Diet for the dyspeptic will, perhaps, demand more thought, more earnest study, and greater individualization, than in any other case. It will be well for the nurse to know something of the causes which have placed her patient in his present condition. When this is superinduced by the pleasures of the table, such as the gormandizing of rich food, undigestible food, wines, malt and spirituous liquors, strong tea, coffee, tobacco; by imperfect mastication and insalivation, irregular meals, indolent and sedentary habits,—in all such cases remove the cause, and if the patient is not ready for that critical trial he is not ready for medicine or diet. All patching and tinkering in such cases will be like “putting new wine into old bottles,”—the hiatus will only prove worse. Where the patient has determination enough to give up the cause of his difficulties and he is ready for treatment, impress upon him that rest for the nerves is the important first step. By active out-door exercise and low diet, let the stomach regain its tone and activity before crowding it further. Exercise the whole body. All will soon be well. But when we find dyspepsia from excessive mental work, and the mind over-taxed with care, a more generous diet that will meet the approbation of the gustatory nerves, with more physical exercise, and cheerful employment, will soon bring the body to its normal, healthful state, but in such cases the cares must be relaxed and rest enjoined.

ANIMAL AND VEGETABLE FOOD.

I remember to have been called to see a hard-working, care-worn, elderly lady, who was stinted to a cracker at a meal, and who for twenty years had suffered, during the summer months, the most excruciating torments from acidity and indigestion. In response to my question whether she could not eat some meat, she answered, "Oh, no! it would kill me!" Nothing discouraged I asked her whether a slice of salt pork broiled on coals and dipped in water would not be relishing. She thought it would. I ordered it, and with the prescription she rallied, bore the diet well, and passed a better summer than for a score of years. The same diet will not answer for different patients, or even for the same patient at different times. Sometimes the stomach is so irritable as not to bear the least drop of any liquid, not even water. Starchy or meat gruel, injected, until such time as the stomach has regained its tone, will, in such cases, have to be resorted to. The work of recovery can thus be continued by letting the patient eat some light animal food. Sometimes whey, curds, buttermilk, cream, and artificial fibrin can be taken by the sufferer. Whey, "containing as it does but little of the casein and fat although retaining all of the sugar and salts of the milk," can be taken by many persons with whom milk might not be allowable. It is not very valuable as nutriment, but, as being easily absorbed and as a refreshing drink in inflammatory diseases, especially when prepared with a slight flavor of nutmeg, it is not only palatable but valuable.

Milk, like honey, partakes so much of the food from

which it is made that we cannot speak with any great degree of certainty of its nutritive properties. When it is from cows fed on onions, leeks, weeds and wild grass it is found offensive to the taste and deleterious to the health. The careless mother by improper diet will often so affect her milk as to bring upon her hapless infant much pain and distress. As in point of health men are but children of larger stature, this fact suggests the importance of procuring the milk used by invalids from cows fed on tame grasses. How little attention is paid to the food of our milch cows. If we would secure a healthy, pure lacteal flow, we should see that the animal has no rough nodes under her hide; no grubs; no rough, dead-looking hair, dull eyes, nor generally drooping appearance; in short, healthy milk can only come from healthy animals. Goats milk is richer than cow's milk; sheep's milk is still richer than goat's milk; while asses' and mare's milk is weakest of all, but sweeter. Koumiss, made from asses' or mare's milk is much prized in consumption. It is formed by the process of fermentation. Dr. Ruddock * offers us the following recipe for its manufacture:

“The Russian plan of making koumiss is; two tea-cupfuls of wheat flour, mixed with one spoonful of honey, one of good beer yeast, and sufficient milk to form a not too thin paste. The whole is put in a moderately warm place to ferment. When the fermentation takes place the ferment is put in a linen bag and hung in a jar or keg, containing sixteen pounds of fresh mare's

* *Essentials of Diet; or Hints on Food, in Health and Disease*, by the late E. Harris Ruddock, M. D.

milk, covered and allowed to stand until the milk has acquired a pleasant, acidulous taste (sixteen to twenty-four hours, according to temperature.) The butter and cheese particles which float about are now skimmed off; the liquid is poured into another keg and shaken for one hour; after which time it is poured into bottles, corked, and put into the cellar." The koumiss is taken early in the morning, a tumblerful at a time. Plenty of exercise must follow.

Cream when taken fresh and pure on toast and in tea, is a nutritious article of diet, and is nourishing when poured upon baked potatoes or peaches. Mutton, white fish and game may, singly, be allowed once or twice a day. More patients have been preserved by the early adoption of a milk and vegetable diet, however, with Homœopathic treatment, than by any other means.

One physician of my acquaintance has given patients, troubled with indigestion or dyspepsia, the whites of eggs, boiled for ten, fifteen, or twenty minutes and chopped fine. They, when thus prepared, were retained and nourished the system sufficiently well until it could retain other food. Artificial fibrin, of which mention has already been made in this chapter, is highly praised. In regard to the manner of its preparation we cannot do better than to quote again from the admirable little work of Dr. Ruddock. He says: "Artificial fibrin is found useful when no other food can be taken. It is thus prepared: The white of an egg is poured into cold water and allowed to remain for twelve hours, during which time it becomes solid and insoluble, and assumes a snow white appearance. This with the liquid in which

it is immersed is brought to the boiling point, and the fibrin is ready for use. It is easy to digest, and to many quite a delicacy."

Where patients are troubled with worms the diet should be generous but of a dry and saltish kind. Green, unripe fruits should be avoided, as also should rare and under done meats. Vegetables, if eaten, should be prepared with great care and washed in salt and water. Persons troubled with constipation will find regularity in eating and drinking absolutely indispensable to their recovery. There should be stated times for taking food, stated times for sleep, and stated times for stool. By all means use the stool, even if nothing be accomplished by it. Eat plain, simple food in sufficient quantities to distend the bowels, but not enough to overload them. The author is no convert to the hobby of stale bread or of an unmixed diet of brown bread. Allow such bread as the appetite craves. Rye bread and rye pudding are easy of digestion, and on that account have been effective in breaking the most stubborn constipation. Garden vegetables and ripe fruits are valuable auxiliaries.

The diet of the expectant mother, the previous range of diet, and the restrictions to be observed have been briefly indicated in a previous chapter. It is unnecessary therefore to extend a subject regarding which many works have been written. It is sufficient to call the attention of the reader to a few points not noted hitherto, or noted insufficiently, in what I have already said upon the subject. The same rule applies as in other cases of illness, only with a more imperative necessity

for its observance; avoid all medicinal food, and stimulating drinks. For the recent mother a somewhat more generous diet can be allowed than for her who is about to be confined. The food should still be of that plain character which will neither clog, nor loosen the stomach, nor produce flatulence. Toast, black tea in moderate quantities, mutton chops, broiled chicken, bread and butter, or bread and cream are among the aliments given. Cold water, the best of all drinks, is always in order except in cases of diarrhœa, or vomiting.

MEMORANDA.

[NOTE.—The following blank pages are appended for the use of the Nurse who may desire a convenient place in which to copy receipts she may incidentally have met with outside the pages of this book.]

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HOW TO BE PLUMP:

—OR—

TALKS ON PHYSIOLOGICAL FEEDING.

BY

T. C. DUNCAN, M. D.,

EDITOR OF "THE UNITED STATES MEDICAL INVESTIGATOR," AUTHOR OF
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
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